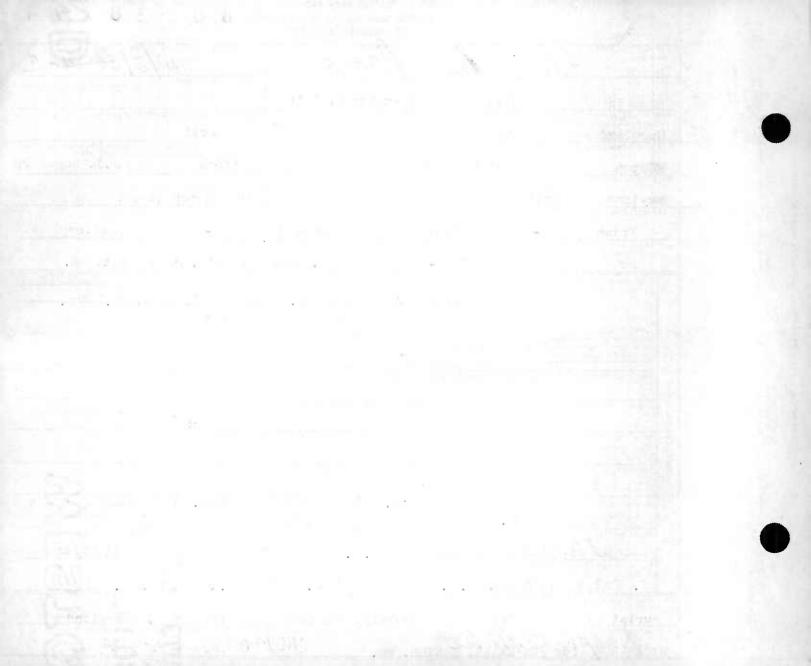
STATE OF MARYLAND



DHMH-1650M7/77 (VR A 15 (4))

FOR - STATE

REGISTRAR

COUNTY STATE and that in (my) (aur) opinion death accurred an the date and haur and from the causes stated 22c. DATE SIGNED DIRECTOR PHYSICIAN TO VAMC, Perry Point, Md. 21902 ulpeper National (em. ulpeper, ulpeper: how in Perryville, Md 21903 tterson Lee

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG NO

YEAR

80

IF UNDER LYFAR

MONTHS DAYS

18

YES [

2b. HOUR

7:50

HOURS

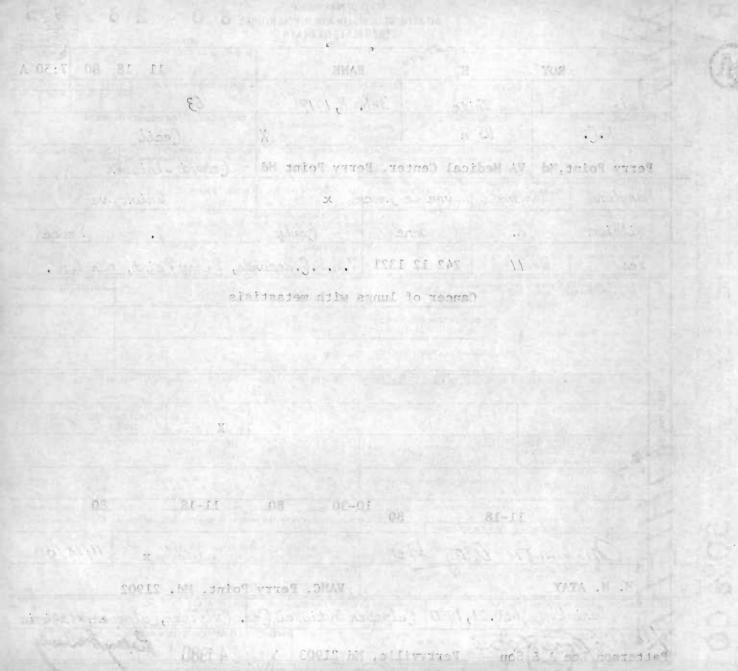
126 KIND OF BUSINESS OR

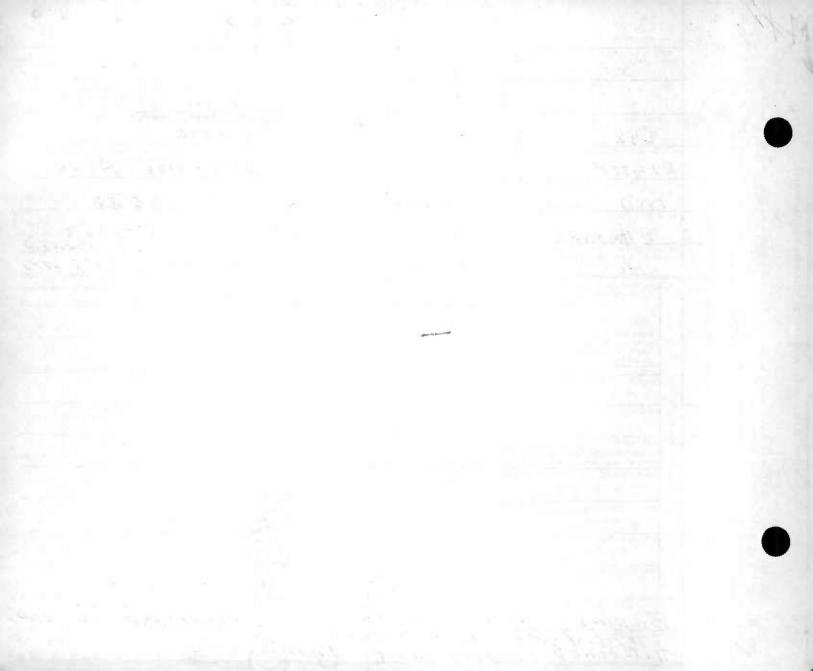
Peace

APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH

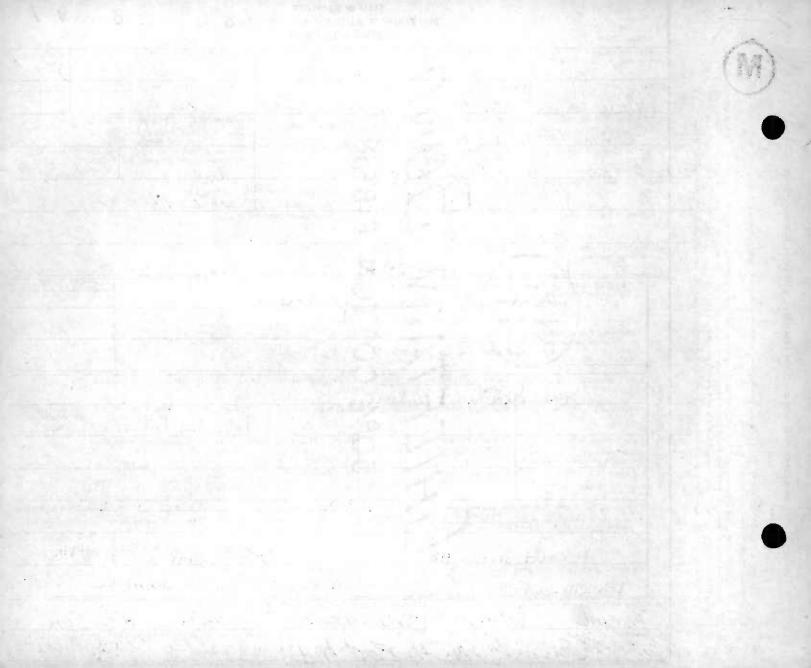
NO I

IF UNDER 24 HPS

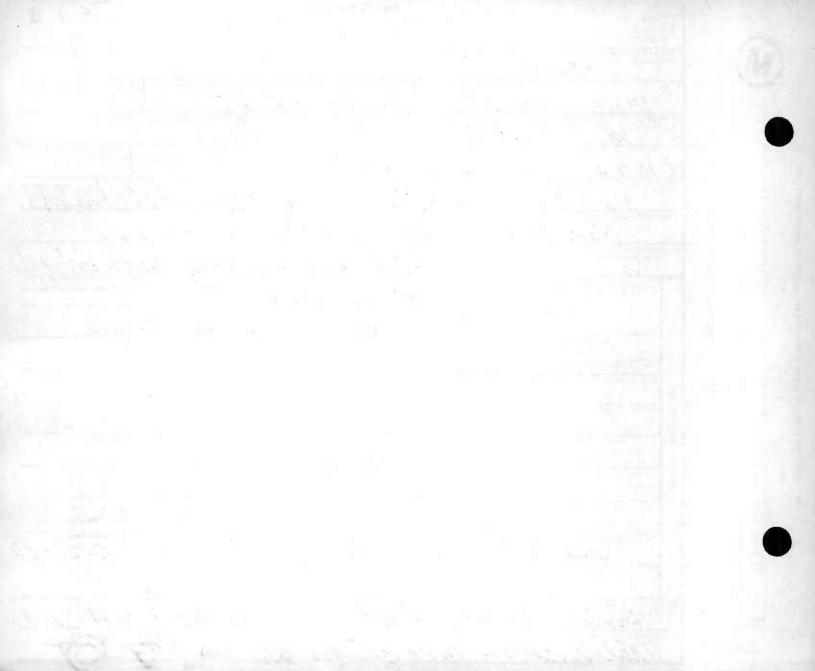




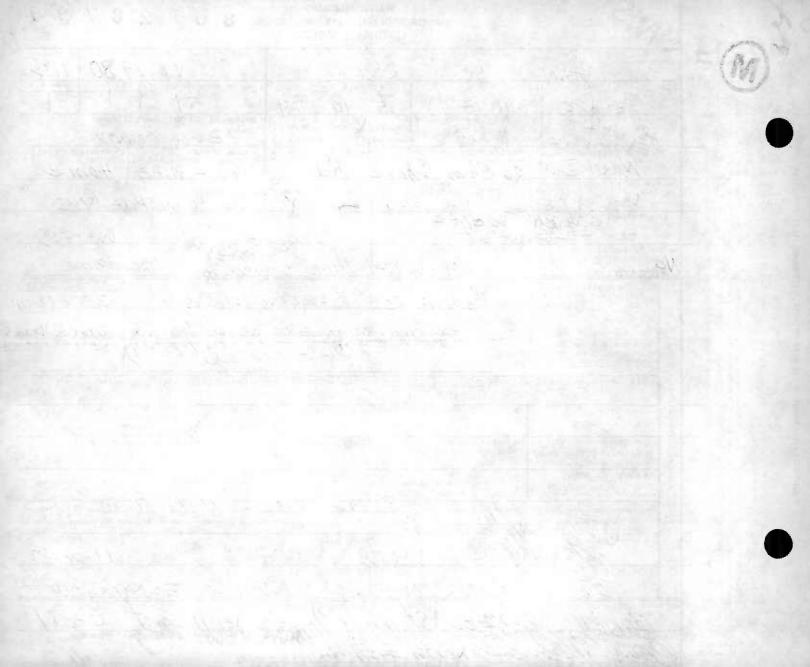
· · · · · · · · · · · · · · · · · · ·	1.	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 CERTIFICATE OF DEATH  REGISTRAR  STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 CERTIFICATE OF DEATH  REG. NO.	8 / 9 7
M	(TYP)	CEASED NAME FIRST MIDDLE J. LAST 20. DATE OF DEATH MONTH OR PRINT)	6/80 904
Poge 4 mo director, p nours after	3 SE	A RACE  5. DATE OF BIRTH  MONTH  DAY  YEAR  8 8  RTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8.	MONTHS DATS HOURE MAN
September of the septem		Markland U.S.A WIDOWED DIVORCED	M
S of		11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LYPE OF WORK FOR MOST OF WORKING LYPE OF WORK FOR MOST OF WORKING	126. KIND OF BUSINESS O INDUSTRY
in 24 hour ly filled in should be to er must be	130	AL RESIDENCE (IF NURSING HOMEOR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 INSIDE CITY LIMITS?  136 STREET ADDRESS  128 E Mail  128 E Mail	v St
omplete ond 2		ATHÉR'S NAME FIRST  LAKE STANDLE  LAST  15. MOTHER'S MAIDEN NAME FIRST  LAKE STANDLE  MIDDLE	LAST
be executed an and constitution of the second co		VAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS PER NO GRUNKNOWN) (IF YES, GIVE WAR OR DATES) 222-61-2522 Egrl B. Bouman 128	E Many Mildle
s that the death certificate bed by the ottending physicia blease remove carbon papers rial, cremation, or removal.		PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF	
he low require on. hos been sign t permit. Then iene prior ta bu ows any injury.	CERTIFICATION	IN CER'	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO NO
PHYSICIAN: The ending physicion this certificate I the burial-transit ad Mental Hygis dor Item 18 sho	MEDICAL CER	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  216. TIME OF INJURY  HOUR A.M. MONTH DAY YEAR  P.M.  19  216. INJURY OCCURRED  (ENTER NATURE OF INJURY IN ITEM 10  P.M.  19  216. LOCATION	B, PART 1 OR PART 2}
often of hand arked of	MEC	216. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK  216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  216. LOCATION STREET CITY OR TOWN	COUNTY STATE
R ATTENDIN hospital or RECTOR: A ned for use of spt. of Heolit tem 21 is mo		22a.1 certify that (I) (this hospital) attended the deceased from	. 19 <u>BO</u> , that (I) (we) los our and from the couses stated
che che		226. SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	117180
TO HOSPITAL (retoined by the TO FUNERAL Is should be deto with the Stote IMPORTANT: If		228. PHYSICIAN'S NAME (TYPE OR PRINT)  220. ADDRESS  12 PENNINGTON ST, MIDDLETOW	N, NEC
BP	(	SURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN CITY OR TOWN WILLIAM	M.C. OFC
DHMH - 16 60M 7/73 (VR A 15 (4))	33.4	ADDRESS FOR THE PROPERTY ADDRESS NOV 1 7 1980	STRAR'S SIGNATURE



	1.	STATE OF MARYLAND  FOR STATE STATE REGISTRAR  STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 2 8 / 9 8  CERTIFICATE OF DEATH  REG. NO.
M)	(TYPE	CEASED NAME FRIST MIDDLE P. Beinxley 20 DATE OF DEATH MONTH DAY YEAR 20. HOUR EORPRINT)
Page 4 m director, in nours after	3 SE.	4 RACE  5. DATE OF BIRTH  DAY  YEAR  1. CITIZEN OF WHAT COUNTRY?  1. BANNIMORE CITY, OR COUNTRY OF DEATH
ofter dearn P the funeral of d within 72 ha		WIDOWED DIVORCED   CECI MD
2 2 (8)	E	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  12. USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LIFE)  INDUSTRY  12. USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LIFE)  INDUSTRY
vithin 24 hour	130 :	AL RESIDENCE (# HURSING HOME OR OTHER INSUITITION, GIVE RESIDENCE BEFORE ADMISSION) STATE 136 COUNTY 132. CITY OR TOWN 123d. INSIDE CITY LIMITS? 136. STREET ADDRESS  Md Cec   Northast Yes   No D STREET ADDRESS   NO D STR
band a		ATHER'S NAME  FIRST  CAY  MODLE  MODLE  MIDDLE  LAST  WAS DECEASED EVER IN U.S. ARMED FORCES? 1166 SOCIAL SECURITY NO. 17 INFORMANT  ADDRESS  ADDRESS
Poges		WAS DECEASED EVER IN U.S. ARMED FORCES?  IND SOCIAL SECURITY NO. 17 INFORMANT  INFORMANT
i, that the deoth certificated by the ottending phase remove corbang ind. cremation, or remore or other troumatic ever		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)  BETWEEN ONSET AND DEATH  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)
The low required iction.  In the low required iction.  In the low been signed in the property presents to buy shows only injury.	CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFY ING CAUSES OF DEATH?  YES NO YES NO
SICIAN, ng phys certifica unal-tra lental H	MEDICAL CER	210. ACCIDENT WAS UNDERLYING
NO I O I O I O I O I O I O I O I O I O I	*	WHILE AT WORK NOT WHILE AT WORK 1 (I) (this haspital) attended the deceased from 19, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated
by the hose RRAL DIREC e detoched State Dept		above. (I) (we) (did) (did nat) view the body ofter death.  226. SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN   1/-26-80
TO HO retoined should with the	23a	BURIAL, CREMATION REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 23d. LOCATION - T COUNTY STATE (SPECIFY) BUT A LOCATION - T COUNTY STATE OF CHARLEST COUNTY STATE OF C
DHMH-16 20M (VRA 15, 4) 7/78	14. F	ADDRESS HOSTIMS 250 DATE REC'D, BY REGISTRAR' 250 AGISTRAR'S LIGHTURE  ADDRESS HOSTIMS DEC. 1 1980



			FOR		STATE OF MARYLAND	o n	2879
		1 -	STATE	DRPAI	TMENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	SIERE O O	64
1		1 55	REGISTRAR	WIDDLE		REG. NO.	
(MA)		(TYPE	CEASED NAME FIRST	MODIE	RO. ()	20. DATE OF DEATH	ONTH DAY YEAR 26 HOUR
Glas	-		HNN	W.	DROWN	/	1 17 00 113
¥ 8.		3 SE	7	4 RACE	S DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHE	MONTHS DAYS HOURS
Page Page			TEMALE	WH176	5 10 1929	51	YRS.
4 55 t	31		THPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	MARRIED NEVER MARRIED	BALTIMORE CITY OR	
8 mg	10	1	VZAKKULIANIA	n>,H.	WIDOWED DIVORCED	66016	COUNTY
4 44	mo	III. C4	Y OR TOWN OF DEATH	I# NOT IN SUCH FACILITY, GIVE STR	SING HOME OR OTHER INSTITUTION  SET ADDRESS)	128 USUAL OCCUPATION	
by led	20	NICIA	NORTH GAST	26 Plum S	hove ad.	HOUSE W	ITE Home
2 22	00	13a S	L RESIDENCE (IF NURSING HOME OR TATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEF	ORE ADMISSION)	13e STREET ADDRESS	0
thin y fill outd	20		MD CE	CIC NORTH	CAST NO NO	26 PLU	M SHORE MORD.
3 35 1	20	14 FA	THER'S NAME PROCESS	MODIE WELT LAST	15. MOTHER'S MAIDEN NA	WIDDIE &	LAST
4 8 4 5 F	12		DEC	EASE	FLORES	1CE W-	WATERS
and one	1	160 V	AS DECEASED EVER IN U.S. ARI	MED FORCES? 166 SOCIAL SE WAR OR DATES)	CURITY NO. 17 INFORMANT	SBAND) ADDRES	01 0
9 64	1	Ne	A THOUSE	194-	22-8724 14014BS A. F	KONNUR.	We same
ifica ysici pers			18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE)	ly ane cause per line for (a), (b),	and ic.		BETWEEN ONSET AND DE
th certif ling phy bon pap or remo				E CAUSE (0) GRNERA	LIZED CARCIN	IOMATOSIS	356 M
ea July			1540	DUE TO, OR AS A GONSEO	DUENCE OF	0 4	10 21
it the d the atte			Conditions, if any, which	( 1b) ADE	NOCARCINAMA 07	1840-016	MOIN ABOUT & Y
			gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEC	DUENCE OF E DISTANT	MATSETA CO	CON)
000			underlying cause last.	(c)		101001ABB	
requires		7	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE TERM	AIN AL DISEASE OR CONDI	TION GIVEN IN PART 1(0)
	À	CERTIFICATION					
The The representation of the position of the	7	FICA.	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED		206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH
AN: an. cate it pe ygier		RTI				YES NO	YES NO
ENDING PHYSICIAN: or attending physician. DR: After this certificate te as the burial-transit p lealth and Mental Hygie learth and Mental Hygie		_	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	RED (ENTER NATURE OF INJURY	IN ITEM 18, PART 1 OR PART 2)
HYS phy vis ce vis ce rial-t	5 /	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19		
DING PHYSICI, trending physici, After this certifi s the burial-trans th and Mental transmarked for Item.		MED	WHILE NOT WHILE	218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	E_FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STAT
NDIN atter			AT WORK	10/	91		3 00 1
F O OSIT			220.1 certify that (1) (this hospit	1/11-1-	00	, to	0019 that (1) (we
AT AT Spital			saw the doceased drive an above (1) (we) (did) (did not	view he body ofter death.		death accurred on the date	e and haur and fram the causes state
AL OR AT the hospital AL DIRECT trached for te Dept. of			276. SIGNATURE	N.In	DEGREE ATTENDING	MEDICAL _ STAFF	22c. DATE SIGNED
TAL ST. y the hosy the hosy the hosy the hosy the hosy that DIF detached detached that DEP it is the hosy that the			700	1XXVI	PHYSICIAN &	DIRECTOR   PHYSICIA	IN 11-20-8
HOSPITAL FUNERAL wild be detact th the State if		Ш	274 PHYSICIAN SHAME (TYPE OF	(PRINT)	22e. ADDRESS		.24
TO HOSPITAL OFF A Pretained by the hospital TO FUNERAL DIREC should be detached for with the State Dept. of Hamman Mapor Ant - if I feat			LIN U	, PARK	M.D. 131 NO	ORTH ST. E	SCKTON, MD
F 5 F 4 3 5		23a B	URIAL, CREMATION, REMOVAL	236. DATE 23	NAME OF CEMETERY OR CHEMATORY	234. LOCATION	- LOUNTY O STATE
BP	100		BUXIA	11-22-80	T MAYY HAME	S North &	as/ cec)
DHMH-16 25		HE	NERAL DIRECTOR	/ ) , pooness	1/ - Fig. BOY	TEXECTO. EN ESTRAPE	WREDISTRAK'S SIGNATURE
(VRA 15, 4) 1		1	aux 1/1. (20	with Nort	h Easl, Md.		8 -1.



	1.	FOR - STATE REGISTRAR	DEPA		HEALTH AND MENTAL H FICATE OF DEATH	YGIENE O U	2000	O
page 3		CEASED NAME FIRST COR PRINT)  Trene	E.		last <b>Pown</b>	20. DATE OF DEATH	MONTH DAY YEAR 26 F	1:251
offer offer	3 SE	× emale	4 RACE Caucasian	S. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIR	MONTHS DAYS HOU	JRS MIN
	7a. B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT U.S.A.	MARRI	ED NEVER MARRIED [	9 BALTIMORE CITY	OR COUNTY OF DEATH County	
filed with		Elkton, MD	11. NAME OF HOSPITAL, NUI (IF NOT IN SUCH FACILITY, GIVEST Union Hospi	rsing home (reet accress)	or other institution il County	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST,	OPWORKING LIFE) INDUSTRY	SINESS
2 should be fi	130.	Md. 136 Ce	OR OTHER INSTITUTION, GIVE RESIDENCE B JNTY 13c CITY 97	efore admission NOWN REON	YES NO THE	R	. D. #1 Box 9	9
ond ond		ATHER'S NAME	MIDDLE Kennedy Kennedy		Is MOTHER'S MAIDEN N	2 MIDDLE	Kennedy	,
Poges . Poges	16a \	VAS DECEASED EVER IN U.S. A YES, NOOR UNKNOWN) (IF YES, GI	REMED FORCES? 166 SOCIAL S IVE WAR OR DATES) 2/8-54	4-4078	Laura V. Me	agaw RD #1,	Elkton, Md.	
been signed by the mit. Then please rer priar to burial, crem ony injury, or other	CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT  190. DATE OF OPERATION	DUE TO, ORAS A CONSE  (c)  CONDITIONS CONTRIBUTING  196. CONDITION FOR WH	10 DEATH BU	emits al		DITION GIVEN IN PART 1(0)	JSED
Sit per	RTIFIC	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		121- HOW MILITAN OCCU	YES NOW		DEATH?
buriof-troi buriof-troi Mentol Hy or Item 18	MEDICAL CI	OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	EATH HOUR A.M. MONTH	19	21f. LOCATION STREET	JRRED (ENTER NATURE OF INJU		STATE
MPORTANT: If them 21 is marked	×	sow the deceased alive a	pital) attended the deceased from 18 - 29 - 80, not view the body after death.	om 16 - 1	DEGREE  ATTENDING PHYSICIAN  1276. ADDRESS	MEDICAL STA	lote and hour and from the couse	(I) (we) I es stoted
Should with MPO	23a. (	BURIAL, CREMATION, REMOVA		3c. NAME OF	CEMETERY OR CREMATOR		convita	STATE
OM 1/76		UNERA DIRE OR GE	11-17-80 FUNERAL HOTE ADDRESS	(ratio	25a. D	West (he	ester (hester	P
A 15 (4))		IVAME	ADDRESS.	Elk	ton, Md. NOY	20 1980	- Comment	

STATE OF MARYLAND

44C2:0-08 \ar \rt	Proof.		omeE	
	68 750 At	(Ignoresize	Permis	-
thanks (Lens)			, , ,	The street
	Tinned Ibeat L	Plandi makav	D., meralik	
Miles 16 pet by the six		-1-1		
	Programme .			
		er A sikili		
मीनित्य क्षेत्र या है ज्यान । ज्यान	e126.7 (8) 1 .	1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TEVANT	
Land Art State of the State of				
Voti II.	4.14			

1 1				M	ARYLAND STA	TE DEPA	RTMENT C	OF HEALTH	H	p P		0 0	9	n		
ATE				MEDIC	AL EXAMIN	ER'S CE	RTIFICAT	TE OF DE	EATH	U		2 0	0	U	Marie 1	
EPT.	1. DE	CEASED-NAME ype or Print)	First	- 15	Middle Mary		Boyles			OF DEATH	KNOWN ESTI-	Month 11	Doy 15	Year 180	2b. HOUR	
	3. SE	x emale	4. RACE	S. DATE OF BIR	707 6.	AGE (In years lost buthday)  73 YRS.	MONTHS DAY		24 HRS MIN		RONOUNCED	DEAD Day 15	Yeo	r 80	2d. HOUR	
35	coun	IRTHPLACE (Stote	Nd.	b. CITIZEN OF WH	A.	WIDO		DIVORCED _	Ce						Mo	
State Bepar	10. C	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if										rk done 12b. KIND OF BUSINESS OR INDUSTRY,				
55	ri30.	USUAL RESIDEN Imission) STATE	CE (Where deceose	13b. COUNTY	ortion: Residence before	El	or town <b>kton</b> ,	13d INSIDE CITY YESX I			Holl:		orth	Man	or	
170	14. F	ATHER'S NAME	Paul	Middle	Leib	ig	1S. MOTHER'S I	MAIDEN NAME	First		Ann.	~		inill		
s I and		WAS DECEASED EV es, no, or unknov NO	/ER IN U.S. ARMED FO	ORCES? ar or dates of service]	16b. SOCIAL SECURIT 218-09-		nances	Naujol	kas 8	1 Ho	ADDRESS Uings			iid.		
t within 72 hours after death.		Conditions, if or rise to immed stoting the unlost.	ony, which gove liote couse (o), aderlying couse	DUE TO, OR  (b)  DUE TO, OR  (c)	AS A CONSEQUENCE  AS A CONSEQUENCE	OF OF	TO THE TERMINA				PART 1(a)	600	In	ME	DIAT	
even)	CERTIFICATION	190. DATE OF C	PERATION		19b. CONDITION FOR WAS PERFORM		RATION						20.	AUTOPSY'	NO X	
removal, and in any	DICAL			HOUR A.	M. 1 At home, form, stree	9	c. HOW INJURY		-		in Port 1 o	Port 2, ltd	em 18.) County	Υ	Stote	
burgi, Gemenon, or res		22a. 1	certify that I ta	Natural caus	he remains descr ses Accid	ent [],	Suicide M.D.		de, EXAMINER DICAL EXAM AL EXAMINI	Undet	ermined (	quiry manner		nd in my	opinion	
prior to burigi		BURIAL CREMA REMOVAL (Spec	2 No	DATE <b>E1</b>	7	of CEMETERY	OR CREMATORY	ption	23d. I		(City or Tov	1 10/	(County)	4	ote)	
0	24.	DINERAL DIRECT	GE FU	WERAL H	ONE, P. ADI	n. Ad.		2So. REC	OV Z	0 198	2Sb. RE	timp	SIGNATU	E Com	4	

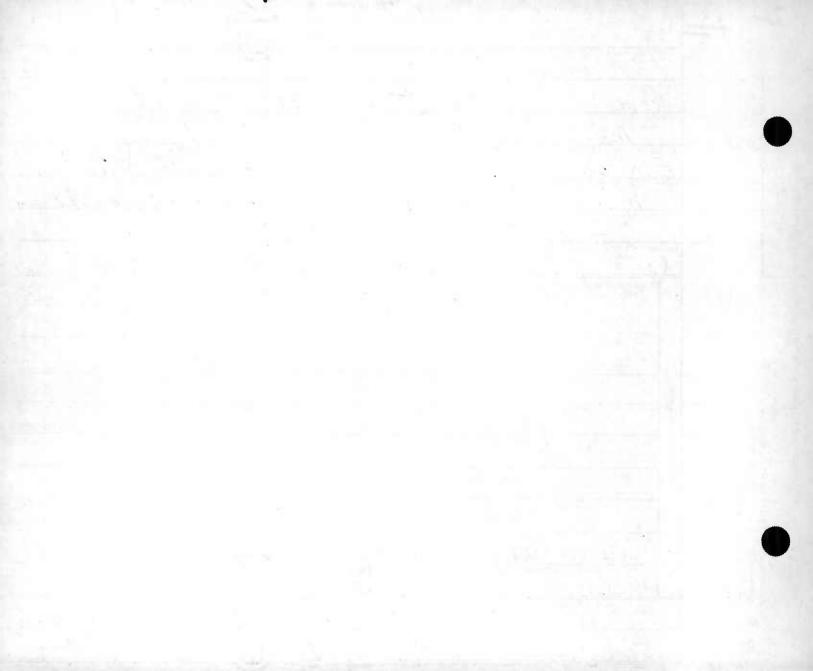
8101.08 161 11.1		70/12/0	taria al mai
	žnek kara k	١ ١ ٩	
	Marine Hotel Street		he .mdzadie
new Crown Little St	, por 10s	1160	
The second second	Autor and the		
		The second secon	
			r.
and the second of the second	as von	V - V	
A. M.	we his		

		7.		
,				
		12 x 5 = 111 X 1 = 1		
			The state of the state of	
	40.0			

7 (T) B		FOR			DEPARTM	STAT	EALTH AND	AND MENTAL HY	YGIENE	0	2	8	8 0	3
		STATE REGISTRAR					R'S CERTIF				REG. NO.			
1		CEASED NAME	FIRST		WIDDLE		LAST			ATE KNO		MONTH	DAY YEAR	26 HOUR
<b>维州</b>			Eva		L.		Chest	nut	DE	OF ES	TED X	77	3 19 80	м
	3. SEX	(	I. RACE	S. DATE OF BIRTH	YEAR	AGE (IN YEAR	IF UNDER 1 YE	R. IF UNDER 2		DATE	/	MONTH	DAY YEAR	2d HOUR
	Fe	male	White	12 13	32	47 YRS	MONTHS DAYS	Hours	MIN PROI	NOUNCED DEAD	)	11	3 19 80	3:50P
2	7a. BI	RTHPLACE (STA		76. CITIZEN OF WE	AT COUNT		MARRIED 1	NEVED AS A DDIE	9.8/	ALTIMORE	CITY OR	COUNTY	Y OF DEATH	
2	1	REIGH CONTRY		11.5.	A		WIDOWED [	DIVORCE		ecil	Coun	tv.		MD.
	10. CI	TY OR TOWN C	OF DEATH			ING HOME,	OR OTHER INSTI	TUTION	12a. USUAL C	CCUPATION	ON (TYPE OF		2b. KIND OF B	USINESS
0	E	lkton		565 G. K	irk Ro					EWING			A MINDUS	E
1	USU A	L RESIDENCE (	F IN NURSING HOME O	OR OTHER INSTITUTION, GIV	E RESIDENCE BE	FORE ADMISSION	1) [134 INCID	E CITY LIMITS?	13e STREET A	DDRESS				
0		MD	13b COUN	CIL	ELI	FTON	YES [		5		RK	ira	CAC	
Tim	14. F/	THER'S NAME		MIDDLE	LA	ST		THER'S MAIDEN	NAME	MIDDLE			LAST	
10		ODE	M	HOL	LIHO	55 WO	RTH ~	1 AMI	MIE		51	PEM	ICE	
1	16s. V	VAS DECEASED ES. NO, OR UNKNOV	EVER IN U.S. AR	MED FORCES? WAR OR DATES)	16b. SOCI	AL SECURITY		RMANT			DDRESS	6	LKTOK	/
		740					JA.	MES	CH	EST	MUT		100	
		18. CAUSE OF	DEATH (Enter on ATH WAS CAUSE	ly one couse per line	far (a), (b),	and (c).)							APPROXIMAT BETWEEN ONS	ET AND DEATH
		G 55		TE CAUSE (o)			d of hea	ad						
		Condition	s, if ony, which	DUE TO, OR	AS A CONS	EQUENCE O								
13 0   5   70   1   1   3   3   3   3   3   3   3   3	-	gave rise	to immediate											
		lying caus	stating the <u>under</u> - e last.	DUE TO, OR	AS A CONS	EQUENCE O								
		PART 2 DINES CIC	NIFICANT CONDITIONS	(c)CDNTRIBUTING TO DEATH	NIT NOT BELATE	D TD THE TERM	AL DIVERSE OD COMO							
	Z	TAKE 2 DINCK 310	MILICANI CONDITIONS	CONTRIBUTING TO BEATH	BUT MUT KELATE	D ID INE LEKWIN	AL DISEASE OK CONDII	IIDN GIVEN IN PART	1 101.					
	CERTIFICATION	19a. DATE OF	OPERATION	19b. CONDIT	ION FOR W	HICH OPERA	TION WAS PERFO	ORMED?					2D AUTOPSY	?
	IFIC												YES TO	NO 🗆
7	ER	21a. EXTERNAL		216 TIME OF			21c. HOW INJU	RY OCCURRED	(ENTER NATUR	E OF INJURY II	N ITEM 18 PAR	T I OR PART	7.	110 🗆
5		UNDERLYING CONTRIBUTION	OR G CAUSE OF I	DEATH 2 P.M	. MONTH (	3 1980	007	f infli	0+00					
	MEDICAL	21d INJURY O	CCURRED	21e PLACE C	F INJURY	(AT HOME,	211 LOCATION	1 1111 1 1						
	E	AT WORK	NOT WHILE X	hom	ORY, FARM, ETC	.)	565 G.	Kirk Rd		kton.		CEC		MD.
		220. I certify	IU Nie-se-	-0.00		1.11	Tree					- 020		IVIII .
				ral causes	Accident		124	Inspection		quiry 🔲		in my opin	non	
		deoth resulte	1 /1	- T	27	Suic	-	micide, (SPECIFY)	Undetermin	ea monnei				
		ACTUAL SIGNATURY	le	mort	1200	M		uty Chi	of roses	F14		DATE	11/4/	<b>'</b> \$0
	_	SIGNATURE_	/			-	M.D12GD	TITA CALL	C-WEDICAL	EXAMINE	R	SIGNED		00
2	See	EXAMINER'S N (TYPE OR PRIN	The The	mas D. Sm	ith, N	M.D.	ADDRESS	, 111 P	enn St	. Ba	alto.	, MD		
	23a. B	URIAL, CREMAT	ION, REMOVAL 2	3b. DATE	23c. NA	ME OF CEM	TERY OR CREMA		23d. LOCAT	ION		COUNT	у .	TATE
	13	URIL	710	11-6-80	8	1300 f	TUIEW		R15	ING	Sul	*/ 6	ECIL.	MA
	24. FI	UNERAL DIRECT	1. 2011	freehors.	UR1	SING	Sur		0 1980	ISTRAR 2	REGIST	RAR'S SIC	GNATURE	
	R	TFOR	RD FU	MERAL	Hor	NE	MD	JINON T	ט ושטנ		7	11.00	realiza	
												- 6		

Restricted to the second secon

4	1					STATE	OF MARYLAND	(A) (B)	0 0 0	10 4
- 4		12	1	FOR	DEPA	RTMENT OF H	EALTH AND MENTAL HYG	IENE 8 U	2 8 6	5 U 4
		7-1	. ! -	STATE REGISTRAR		CERTIF	CATE OF DEATH	REG. NO	2	
			I DE	EASED NAME / FIRST	MIOOLE	7 10	ist . /		MONTH / DAY / YEAR	2b. HOUR
	è	og t		ORPRINT) VIRGIN	, –	('//	7et	,	11/4/80	1155 M
	may	P	3 SEX		RACE / , /	5. DATE O	FBIRTH	6. AGE (IN YEARS LAST BIRT		
	age 4	hours offerdeath		temale,	White	JUNE	20 1929	51	MONTHS DAYS	S HOURS MIN
	0	To Po		RTHPLACE (STATE OF FOREIGN	b. CITIZEN OF WHAT COUNT	RY?	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	
	egu	To Z	C	Md.	U.S.A.	WIDOWE	D DIVORCED	Leci/		MD.
	ě	9 3 9	10. CI	TY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NUI	RSING HOME O	ROTHER INSTITUTION	12a. USUAL OCCUPATION TYPE WORK FOR MOST A	ON 12b. KIND F WORKING LIFE) INDUSTRY	OF BUSINESS OR
102	rs oft	by fled	1	IKTON	UNION H	05811	9/	H5.Semb	14 F/21	otrka/
212	hau	C & 0	USU/ 13a. S	L RESIDENCE (IF NURSING HOME OR TATE 136 SOUN	THER INSTITUTION GIVE BESIDENCE RI	EFORE ADMISSION)	ME INSIDE CITY LIMITS?	13. STREET ADDRESS	-/	1
AND	n 24	completely filled is 1 and 2 should be colexaged must		md. Le	CII Nort	h Kas	YES NO	404 E.	/ nomas	HNE.
RYL	with	ind 2 sl	14. FA	THER'S NAME	IDDLE - T LAST		15 MOTHER'S MAIDEN NAM	ME		LAST
W	Pe	ono ond		Herbe	r/ 1599	as	L. EVEL	4N 01	-een	
RE,	recut	dicol.	16a V	VAS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIALS	ECURITY NO.	17 INFORMANT	1 P ADDRE	SS // //	· + no1
LIMO	pe ex	an and co	N	0 212-2	18-765AZ (2-2	8-1051	CHISTIAN	H.Clark	North Eg	15/1 /1/d.
BAL	oto	physicie npaper maval vent, th		18 CAUSE OF DEATH (Enter and PART I. DEATH WAS CAUSED	y ane couse per line for (a), (b)	and Ich	UDA 111 /117=	ADATION		NONSET AND DEATH
ST.,	certific	a ph emo ever			CAUSE (a) LICUTE	MYUCE	URDIAL INF.	MICCITUD _	9	O HKD.
NO		rating a		4100	DUE TO, OR AS A CONSE	QUENCE OF				
EST	death	ation, traum		Canditions, if any, which	( ıb)					
2	÷.	rem ema		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSE	QUENCE OF				
<u>×</u>	hat	d by ease al, cr or ath		underlying cause last.	(c)					
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	oires	gne n pt buri	z	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART	1(a)
20	requir	t The or to y inju	CERTIFICATION		196 CONDITION FOR WH	HCH OPERATIO	LWAS DEBEODUED	20g AUTOPSY?	206. IF YES, WERE FIND	OINCS HEED
EC	<u>a</u>	ermit e prior	FICA	190 DATE OF OPERATION	196 CONDITION FOR WIT	IICH OPERATIO	N WAS PERFORMED		IN CERTIFYING CAUSE	ES OF DEATH?
¥	The	te has nsit per giene shaws	E				10	YES NO	YES 🗌	NO 🗆
>	IAN	0 0 T 8		OR CONTRIBUTING CAUSE OF DEA	LICITE A AA AACALTII	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	IY IN ITEM 18, PART 1 OR PART 2)	,
Ö	SICIV 9 P	s certifica burial-trai Mental Hy or Item 18	3	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19	<u></u>			
Ö	PHYSICIAN: ending physi	this down	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC.)	21F LOCATION STREET	CITY OR TOV	VN COUNTY	STATE
N N	ING PH)	a ≠ a •	~	AT WORK AT WORK						
٥	E P	OR: After use as Health is mark		22a.1 certify that (1) (this hospit	al) attended the deceased fro		2-31 19 80		04, 1960	_, that (I) (we) last
	TTEP	212		saw the deceased alive an abave, (I) (we) (did) (did not		9 80 or	d that in (my) (our) opinion	death accurred an the de	ate and have and from th	ne causes stated
- 4	haspir	DIREC Sched 1 Dept. of them		224 SIGNATURE	7	Λ	DEGREE			TE SIGNED
	the state	AL D detac orte D T. If I		l'utel an c	Usallea	19 de	ATTENDING PHYSICIAN	MEDICAL STAI	IAN []	-4-80
	# A	FUNERAL old be det to the State ORTANT:	1	224 PHYSICIAN'S NAME (TYPE OF	PRINT)	01	22e ADDRESS			,
	HOS			Victor M	MAGAI	ong	n. D 1/1	EUI ARX	/ Del	
	5 5	D 4 3 ₹	23a. I	SURIAL, CREMATION, REMOVAL	23b. DATE	231 NAME OF	EMETERY OR CREMATORY	23d LOCATION	- 7 COUNTY "	STATE /
	BF			Surja!	11-1-00	North	East Meth	North L	95/ (ECII	md.
	D	HMH-16 20M	39.5	WENT DIRECTOR	ADORES:	4 1	- 1 250. DAT		25b. REGIS RAR'S SIGN	TURE
		RA 15, 4) 7/78	14	leafy crow	Nor	4 595	1/1/d. N	OV 7 1980	11 housest	7
									4 460	



FOR - STATE

DHMH-16 30M 2/80 (VRA 15, 4)

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG NO

2b. HOUR

12h KIND OF BUSINESS OR INDUSTRY Railroad

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO F

STATE

IF UNDER 24 HRS.

1980

IF UNDER 1 YEAR

Rea

COUNTY

22c. DATE SIGNED

Clavton St.

and the fact that many through - 1- and discourse , company of -10-De 10 0 0 therein the line of the second UH LEVON .

		F-92164	
, , ,	- (Stable)		
		A Color	Fold Total
			+ had start
	er or in		

White teach arrangement to the state of the

1215123

Fig. Wingards

charge in Henry no

li	FOR = STATE		DEPARTMENT OF HEALT		0 0	288	0 8
	REGISTRAR	FIRST	DICAL EXAMINER'S	CERTIFICATE C	KLO.		
	DECEASED NAME TYPE OR PRINT)			LASI	20. DATE KNOWN OF ESTI-		YEAR 26 HOUR
	Alice			Howell	DEATH MATED	11 23	19 80 M
	SEX 4. RACE Semale whi	S. DATE OF BIRTH	6. AGE (IN YEARS IF L YEAR LAST BIRTHDAY) MON	THE DAYS HOURS	MIN PRONOUNCED	11 23	YEAR 2d. HOUR
L.		rial (2)	1920 60 yrs.		DEAD		19 80 5:05.A
1 .	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF W	I MAR	RIED NEVER MARR	IED   C:1	OR COUNTY OF D	EATH
	Pennsylvan.				Cecil 120. USUAL OCCUPATION (1	County	MD.
E	Elkton	Union	SPITAL, NURSING HOME, OR OT ACILITY, GIVE STREET ADDRESS) Hospital	HER INSTITUTION	FOR MOST OF WORKING LIFE) Clerk	OR	ok Co.
130	Maryland	ING NOME OR OTHER INSTITUTION, GE LOUNTY Howard	13c. CITY OR TOWN Jessup	13d. INSIDE CITY LIMITS? YES NO 🔀	2101 Monte	evideo Ro	d.
14.	FATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDI	MIDDLE		LAST
	Joseph		Everts	Antoin		Herr	
160	WAS DECEASED EVER IN (YES, NO, OR UNKNOWN) (H	U.S. ARMED FORCES?	16b. SOCIAL SECURITY NO.	17. INFORMANT	ADDRE		
L	No.		214-20-3182	Lawrenc	e B. Howell	same a	as #13
Г	18 CAUSE OF DEATH	(Enter only one couse per line	e for (o), (b), ond (c).)			AP BETW	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
	PART I DEATH WAS	MMEDIATE CAUSE (0) MUI	tiple Injuries				
70. 10. 10. 10. 10. 10. 10. 10. 10. 10. 1	7 8/60		AS A CONSEQUENCE OF				
	Conditions, if ony gove rise to im						
	couse (a) stating the		AS A CONSEQUENCE OF				
Ш		(c)					
a		ONOITIONS CONTRIBUTING TO GEATH	BUT NOT RELATED TO THE TERMINAL DISE.	ISE OR CONDITION GIVEN IN PA	RT 1 (a).		
13	190. DATE OF OPERATI	ION 196. CONDI	TION FOR WHICH OPERATION	WAS PERFORMED?		20. A	UTOPSY?
100	É					Y	res 🖹 NO 🗆
MOLTA DISTRES	216. EXTERNAL CAUSE		A. MONTH DAY YEAR	HOW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)	a
	UNDERLYING OR CONTRIBUTING CA	USE OF DEAT 4:00A		river of au	tomobile/lost	ted/pinned	u verturned
1 3	214 INJURY OCCURRE	D 21e PLACE (	OF INJURY (AT HOME, 21f. L. TORY, FARM, ETC.)	OCATION STREET	CITY OF TOWN		STATE
1	WHILE NOT W	HILE TOA	idway I-	-95 Near Pe	rryville.	Cecil	
7		ook charge of the remains des		Psy XX Inspection	Undetermined manner	ond in my opinion	
4	deoth resulted from:	Notural causes (1)	Accident XX Suicide L		Undetermined monner	٦,	
	ACTUAL	JAK) R	ms	TITLE (SPECIFY)  Assistan	nt	DATE 1	1/24/80
1	SIGNATURE	1/		M.D	MEDICAL EXAMINER	SIGNED	2/2-7/00
2	EXAMINER'S NAME (TYPE OR PRINT)	Hormez	R. Guard, M.D.	ADDRESS 711	Donn Chr	14- 200 01	1001
73	BUDIAL CREMATION DEA		23c. NAME OF CEMETERY	OR CREMATORY	Penn Street Ba	LEO. MD 2	1201
[23	Burial	11/26/8			CITY OR TOWN	- Howar	d. Md.
24	FUNERAL DIRECTOR					COTHERS SENIO	
1-	FLECK LAUR	EL FUNERATESS Spring Rd.	HOME, INC.		אור ס ואחח	1	
L	601 Sandy	Spring Rd.	Laurel, Md.	20810	860	SOLLED DOCUMENT	

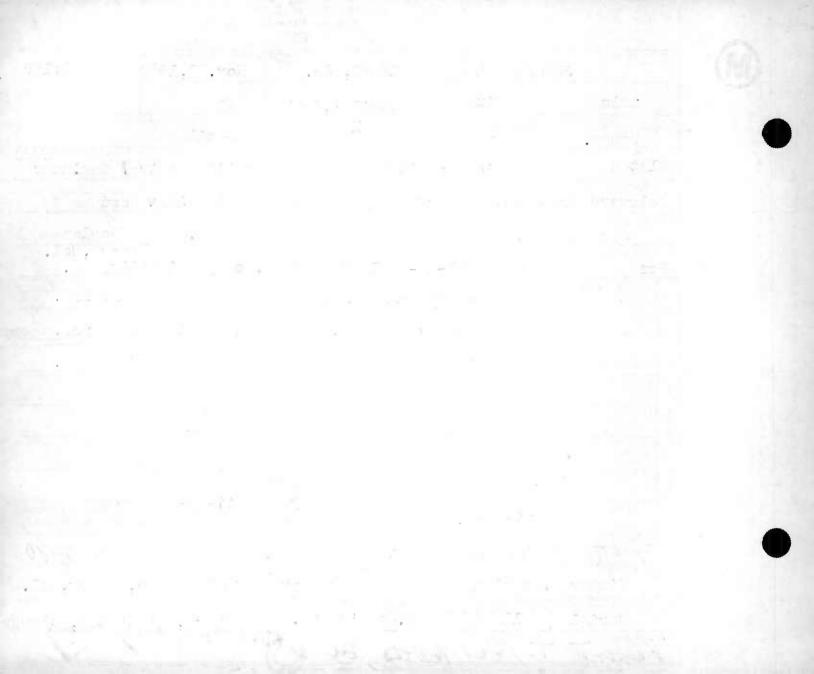
the following the second of th MACH CONTRACTOR The state of the s The state of the s

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VRA 15, 4) 7/78



Sex	M		FOR STATE REGISTRAR CEASED NAME // FIRST		HEALTH AND MENTAL HYC FICATE OF DEATH	REG. NO	). AONTH / DAT / YEAR   2b, HO
Make   Michael		(TYPI	ORPRINT! / OR MA	AN. MAG	12011	/	10/1/80 10
Solid State   Coultier   Penna	s after d	3. SE		MON	TH DAY YEAR	AGE (IN YEARS LAST BIRTH	MONTHS DAYS HOURS
18 CH OR FOWN OF DEATH   11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION   11. INFORMANT   12. STREET ADDRESS   12. STREET ADD	72 hour	7a. B	IRTHPLACE (STATE OR FOREIGN OUNTRY) Penna	// C / MARRI			COUNTY OF DEATH
13 SATE   134 COUNTY   134 INSIDE CITY LIGHTS?   134 STREET ADDRESS   135 STREET ADDRESS   135 STREET ADDRESS   135 STREET ADDRESS   135 MOOTHER'S MADEN NAME   135 MOTHER'S	by the furied within	10. C	Eleton	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	tal	(TYPE-OF WORK FOR MOST OF	WORKING LIFE) HNDUSTRY.
The WAS DECEASED EVER IN U.S. ARMED FORCES?  THE OLD DIE TO BE THE COLOR OF THE PART I DEATH WEST OF WAS ORDERS?  THE RESERVE OF THE PART I DEATH WEST OF WAS ORDERS?  THE CAUSE OF DEATH LETTER ONly one course per line for (o), ib., and ic.  THE CAUSE OF DEATH LETTER ONly one course per line for (o), ib., and ic.  THE CAUSE OF DEATH LETTER ONly one course per line for (o), ib., and ic.  THE CAUSE OF DEATH LETTER ONly one course per line for (o), ib., and ic.  THE CAUSE OF DEATH LETTER ONly one course per line for (o), ib., and ic.  THE CAUSE OF DEATH LETTER ONly one course per line for (o), ib., and ic.  THE CAUSE OF DEATH LETTER ONLY ON AS A CONSEQUENCE OF THE PART I DEATH WAS CAUSED BY:  TO DUE TO, OR AS A CONSEQUENCE OF THE PART I DEATH WAS UNDERLYING IN THE PART I DEATH I DEATH WAS UNDERLYING IN THE PART I DEATH I DEATH IN THE PART I DEATH	D 0 L	13a	STATE 136 COU	INITY . IBC CITY OR TOWN	134. INSIDE CITY LIMITS?	130. STREET ADDRESS	Good Valley Road
THE CAUSE OF DEATH SENERGING COULD BY CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) THE CAUSE OF DEATH SENERGING COURSE (a) TO THE COURSE COURSE		14. F	EJRST	MEDDLE LASS Medison	FIRST	AME	Halvo
The CAUSE OF DEATH ENTER only one couse per line for 101, 161, and 101.    PART 1. DEATH WAS CAUSED BY   PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 10 DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 TO THE TERMINAL DISEASE OR CONDITION GIVEN IN THE TERMINAL DISEASE OR CONDITION GIVEN I		16a \	YES, NO OR UNKNOWN (IF YES, GI	WE WAR OR O LYTER!	17 INFORMANT	ADDRES	
OR CONTRIBUTING CAUSE OF DEATH  OR CONTRIBUTION CAUSE OF DEATH	s been signed built. Then please prior to burial ws any injury,	ICATION	PART 2 OTHER SIGNIFICANT				206. IF YES, WERE FINDINGS USI
The Place of Injury    The Place of Injury	infications in the Hygid	CERTIF		THE PARTY OF THE P			
278 1 certify that (I) (this hospital) attended the deceased from	After this cert the burial-tra h and Mental narked or Ite	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINED  21d. INJURY OCCURRED  WHILE NOT WHILE	R) P.M. 19	711 LOCATION	CITY OR TOW	n COUNTY
27d. PHYSICIAMS NAME TYPE OR PRINT!  27e ADDRESS  Elkhon, "aryland  23d. BURIAL, CREMATION, REMOVAL 23b. DATE  23d. NAME OF CEMETERY OR CREMATORY 23d. LOCATION  COUNTY	DIRECTOR: led for use a lept. of Heal f Item 21 is		saw the deceosed alive a obove, (I) (we) (did) (did n	19	DEGREE ATTENDING	MEDICAL STAF	22c. DATE SIGNED
CITY OR TOWN	O FUNERA nould be detail with the State		224. PHYSICIANIS NAME TYPE	PATE1	200 ADDRESS Elkton,	Maryland	
	F & 3 ≥	23a	(SPECIFY) D			23d LOCATION CITY OR TOWN	11 210 0

ings with the second [[1-1-0]. [[-1-1]. [[ SELECT AND MAINT AND ASSESSED weil don't all the second of t The second of th

Newark, Del.

STATE OF MARYLAND

(VR A 15 (4))

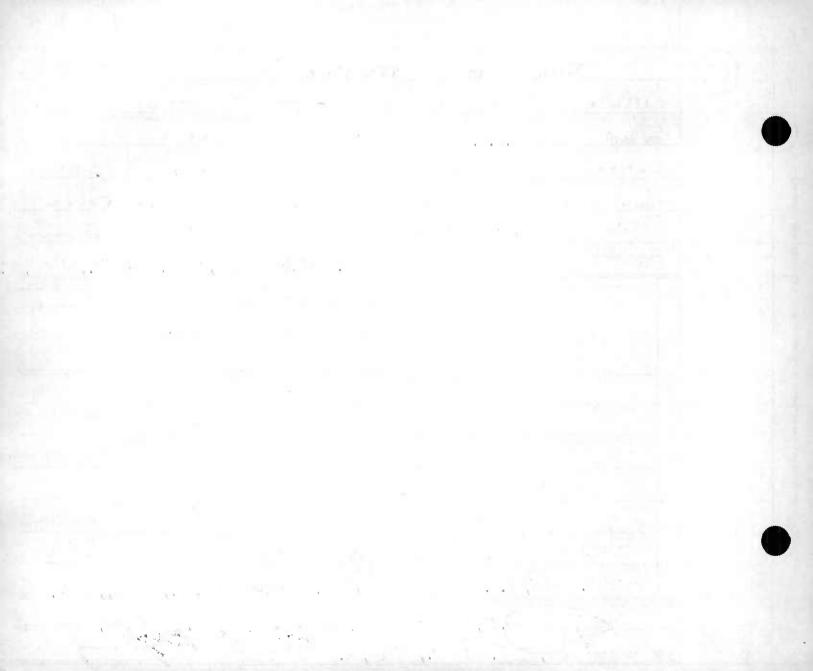
The overnog St, Lowelland	• 6		Firk
	,		£
			,
		Jahren	,
non militarence VII		Targe Care 7	s chivelo
		sule .	2012
ni sin no li tersil su	milia ta	V. Hidealth	C /
Sensor Services	- 20 TO TO		
E . 64	2 - 1 - 3 - 3		
		.001	
-6-11		and the last of	
			. 8 103017
	is a III vi		
and the second			
VELLER REPORT		Sal Panick S	of the same of

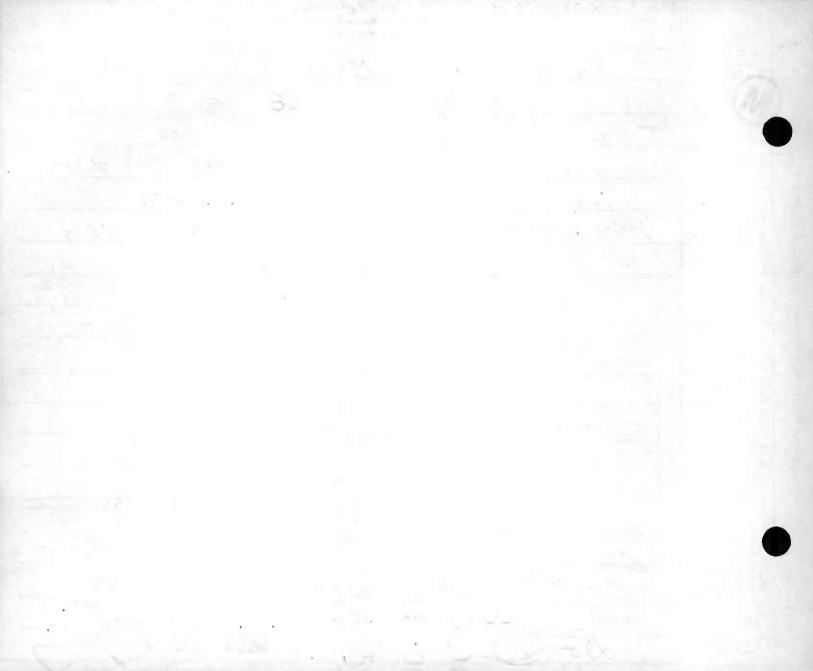
	48	ca mer 25,19261	m 10 = 01		Felaler
	11560			en Ri	ennsylvanis
FOLIN FO	file soon		inviewed as	ž di	pm1 = 10
50013	235 c. 191n s			1100	busives
frievos		Carlta	Housetzie		ana)
	b Riston d				

meth	I. DEC	CEASED NAME FIRST			ICATE OF DEATH	DEC NO	
e 3	TITPE	OR 88 (17)	MIDDLE		AST	REG. NO.  20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
8		Cather	ine	McGo	uch	November	5. 1980 5: 30
	3 SEX		RACE	5. DATE C	F BIRTH	6. AGE (IN YEARS LAST ORTHDAY)	IF UNDER I YEAR IF UNDER 24
A )		Female	White	April	1 14, 1893	87 yr:	MONTHS DAYS HOURS M
200		RTHPLACE ISTATE OR FOREIGN 71	CITIZEN OF WHAT CO	MARRIEI WIDOWE	NEVER MARRIED	1 BALTIMORE CITY OR COUNT	NTY OF DEATH
ed within	10 CI		1. NAME OF HOSPITAL  JE NOT IN SUCH FACILITY OF	NURSING HOME O	ROTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING HOUSEWILE	12h. KIND OF BUSINESS
uld be fil	USU/ 13a S	AL RESIDENCE (IF NURSING HOMEOR O TATE 136 COUNT Caryland Ele	Y 113c CITY	NCE BEFORE ADMISSION) OR TOWN	134. INSIDE CITY LIMITS? YES NO M	130. STREET ADDRESS 210 Writeha	
2 sho	14. FA	THER'S NAME	DOLE Lidux	LAST 2U	15 MOTHER'S MAIDEN NAM Bridget		Conelly
Pages 1 and 2		VAS DECEASED EVER IN U.S. ARMIES, NO OR UNKNOWN (IF YES, GIVE W		ne security no	17 INFORMANT Ar. Joseph D.	McGough, 210 W	ritehall Rd. E
permit. Then please remo	CERTIFICATION	couse 101, stating the underlying couse last.  PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CO	CH I		200 AUTOPSY? 200 IF	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
Hygin 18		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MON	TH DAY YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM	YES NO
the burial-tra h and Mental narked or Iter	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)  214 INJURY OCCURRED  WHILE NOT WHILE AT WORK	P.M. 210 PLACE OF INJUR (AT HOME, STREET, FACTOR		211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
EHAL DIRECTOR: e detached for use as State Dept. of Healt ANT: If Item 21 is r		22a.1 certify that (1) (this hospital sow the deceased alive on above, (1) (we) (did) (did not) 22b. SIGNATURE	11-5	h. 19 80 , an	d that in (my) (our) opinion of DEGREE ATTENDING APHYSICIAN	death occurred on the date and	19 that (I) (we)
- 0 -	-	224. PHYSICIAN'S NAME (TYPE OR P		4	220 ADDRESS	11, 2000 2000 11-1	1 1 2 10:
TO FUNERAL should be deta with the State IMPORTANT		Hyung	W, Oh.	M.D.	12900,	Alla. EIKT	n Ind, 2192

	partia rocci		in all to	
	21 15, VAG .		al market	
a marining go on a some				
a knooned	Smit line	To let me now	ton L. Land	1
the Markett and	X	out the	ariland The	
	at local	Liber ?		
· · · · · · · · · · · · · · · · · · ·				

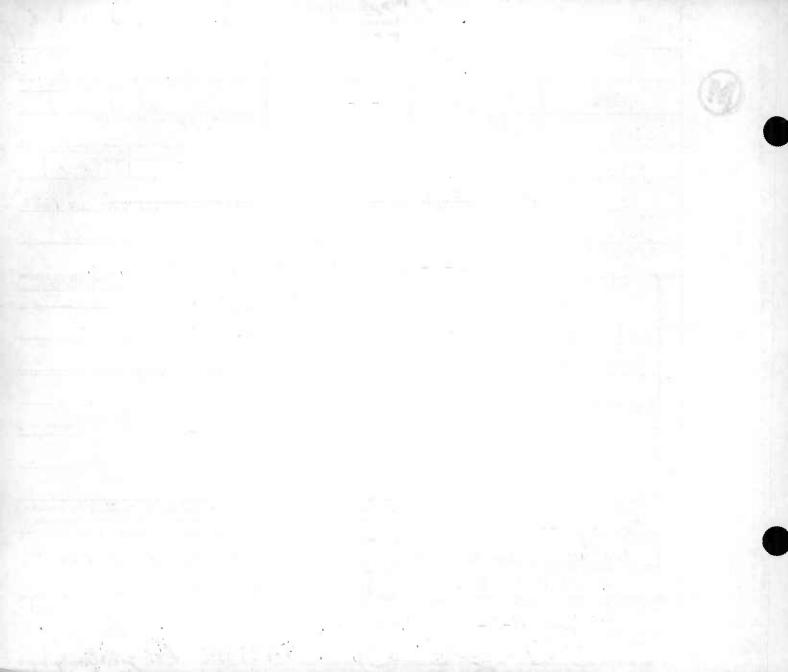
H		1.	FOR - STATE REGISTRAR		DEPARTMENT (	ATE OF MARYLAND OF HEALTH AND MENTAL HYO TIFICATE OF DEATH	GIENE 8 0	2 8	8 1 4
	(3)		CEASED NAME FIRST	MIDDLE		LAST			ZEAR 26. HOUR
y be	(Pd)		John	U A.	~	Miller		11 14 8	30 555pm
1 тоу		3. SE	X	4 RACE		TE OF BIRTH	6. AGE (IN YEARS LAST BIRTH		I YEAR IF UNDER 24 HRS
oge ,	urs o	L	Male	Cancasia	on 5	17-108xx	70 70	YRS.	DATS HOURS MIN
d d	72 ho	70. B	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT C	COUNTRY?	RIED NEVER MARRIED	BALTIMORE CITY OF	R COUNTY OF DEA	ATH .
deg	5 6 8		ew York	U.S.A.		WED DIVORCED	Cee:		MD
rs ofter	by the fune filed within	- 1	ELK+ON	(IF NOT IN SUCH FACILITY	, GIVE STREET ADDRESS	LE OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	WORKING LIFE) INDU	and of Business or Jothine
24 hour	should be net must be	USU. 130.	AL RESIDENCE (IF NURSING HOME O STATE 136 COU	ROTHER INSTITUTION, GIVE RESI	IDENCE BEFORE ADMISS	134 INSIDE CITY LIMITS?	13. STREET ADDRESS	× × × ×	2-3-5-6
the contract of the contract o	20	14. F/	ATHER'S NAME		orth Eas	15. MOTHER'S MAIDEN NA	ME Lake	Siece 1	26146
uted w	ond ond		John	Juseph M	iller	Anna	Julia	F	riesenger
exec	Poges 1	160_ (	VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES!	CIAL SECURITY N	4 01 1	ADDRE	55	C. C.
e pe	he m				3-07-403	2 Pr. Philip	quenzer, 13/	C. Pain S	t. Elkton,
certificate	ed by the attending physicio lease remove carbon papers, rial, cremation, or removal or ather traumatic event, the		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per line for DBY:	(a), (b), and (c), 1	~1 E	0	BET	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
Certi	nding pl corbong , or rem		IMMEDIA	TE CAUSE (o)	Ne.	phony lan	ure_		
deoth	e corb on, or umatic	ĺ	1627	DUE TO, OR AS A C	CONSEQUENCE	o dording law	e Cana	g.	
e de	the atter remove e emation, er troum	1	Conditions, if ony, which gove rise to immediate	(p)	Tiex	WANTE FOR	LP COURCE	<i>&gt;</i> L_	
thot t	by th see re creer		couse (a), stating the underlying couse last.	DUE TO, OR AS A C	CONSEQUENCE O	F	•		
			PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBI	ITING TO DEATH	BUT NOT RELATED TO THE TERM	INIAI DISEASE OR COND	TION CIVEN IN SA	DT 14-
equires	조 본 후 그는	ĕ	THE STORY CAN	CONDINIONS CONTRIBE	THE TO DEATH	OF NOT KELATED TO THE TERM	VINAL DISEASE OR COND	TION GIVEN IN PA	ART I(O)
low re	been prior ony ii	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FO	OR WHICH OPERA	TION WAS PERFORMED	20e AUTOPSY?	206. IF YES, WERE F	FINDINGS USED
e	nsit per rgiene shaws	Ĭ					YES NO NO	IN CERTIFYING CA	AUSES OF DEATH?
JAN: Th	burial-transit per Mental Hygiene or Hem 18 shaws	ĕ	210. ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCCUR			
CIAI	certifu mal-tr entol		OR CONTRIBUTING CAUSE OF DE.  (IF EITHER, NOTIFY MEDICAL EXAMINER			AR 9			
PHYSICIAN: ending physi	Mer Me	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJU	IRY	21f LOCATION			
	s the lond ond ked o	₹	WHILE AT WORK AT WORK	(AT HOME, STREET, FACTO	DRY, OFFICE, FARM, ETC.	STREET	CITY OR TOWN	N COUNT	TY STATE
DING	TOR After this for use as the bu af Health and M		220.1 certify that (I) (this hasp	tol) ottended the deceo	sed from	Jones 1080	10 NOV	19.80	, that (I) (we) lost
TEN	for u		sow the deceosed alive on above, (i) (we) (did) (did no			, and that in (my) (our) opinion	deoth occurred on the do		
ATTEN			226. SIGNATURE	A view the body offer de	oth.	DEGREE			DATE SIGNED
a e			Joseph.	Alak		ATTENDING	MEDICAL STAF	F 1	115/86
PITA	111 8 10 5	1	22d. PHYSICIAN'S NAME (TYPE O	R PRINT)		PHYSICIAN D	DIRECTOR PHYSICI	ANL ,	113190
HOSP ined b	58 £ 8		Youish A. Pate	1 0		170 111 (1			0.1
of of	Shoots AM	23.0	3		122, NAME O		truit Hill, Rd	Neurns	, Uela.
BP.		(3	SURIAL, CRÉMATION REMOVAL	17 10	T T	F CEMETERY OR CREMATORY	236. LOCATION	COUNTY	STATE
DP_		24. FU	INERAL DIRECTOR	100v) 1/, 198	SU Lappa	n comptens	E REC'D. BY REGISTRA	W REGISTERES SH	CHATURE COM
	MH-16 20M A 15, 4) 7/7B	1	NAME	200 5 4	ADDRESS	NDV 2	0 1980	Fymil	ANTORE
4.10	, , , , , , , ,	Je	e runeral Hore,	= H. Jain	Jt. CARI	on, i'd.	0 .000	/	1





	1.	FOR STATE	DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG	SIENE 8 0	2881
		REGISTRAR -		FICATE OF DEATH	REG. NO.	
1000		CEASED NAME FIRST	- MIDOLE	LAST	20. DATE OF DEATH MON	TH OAY YEAR 26. HOUR
r, poge 3 ter deoth		Camero	on Musgrove		November	14, 1980 2:45P
o to	3. SE)	Maleeceecee w	White	25 1924	6 AGE (IN YEARS LAST BIRTHOAY	MONTHS DAYS HOURS M
fun 72 hour	7a. 811	RTHPLACE (STATE OF FOREIGN 76. C	ITIZEN OF WHAT GOUNTRY?	-/\	9 BALTIMORE CITY OR CO	DUNTY OF DEATH
filed with	Per	LY POINT 11.	NAME OF HOSPITAL, NURSING HOME	OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MO) T OF WO	-/ // //
ould be f	USUA 13a. S	RESIDENCE HE MURSING HOME OR OTHER	ER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION	13d INSIDE CITY LIMITS?	13e STREET ADDRESS	out St.
and 2 sh	14 FA	THER'S NAME MIODIE FIRST NAME MIODIE	MUSGROVE	15. MOTHER'S MAIDEN NA	ME AMIOOLE A	LAST
medicol	160 W	(AS DECEASED EVER IN U.S. ARMED ES, NO OR UNKNOWN) (IF YES, GIVE WAR U.S. GIVE WAR	242 22 2960	VAMC, Perry	Point, Maryla	and
papers. oval. ent, the		18 CAUSE OF DEATH (Enter only or PART I, DEATH WAS CAUSED BY	ne cause per line far (a), (b), and (c)			APPROXIMATE INTERVAL BETWEEN ONSET AND GET
event, t	F	IMMEDIATE C		genic Carcinom	a	12/79
atic		1699	DUE TO, OR AS A CONSEQUENCE OF			
r troum		Conditions, if any, which	(b)			
other tr		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUENCE OF			
ar of		underlying couse lost	(c)			
to burning, o	Z	PART 2. OTHER SIGNIFICANT CON	IDITIONS <u>CONTRIBUTING TO DEATH</u> BU	T NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITE	ON GIVEN IN PART 1(0)
ony in	ATIC	19a. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	ON WAS PERFORMED		b. IF YES, WERE FINDINGS USED
N S	IFIC				YES NOT	YES NO NO
18 sho	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	
Mental Hygie or Item 18 sho	SAL	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M. 19			
	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	21f. LOCATION	CITY OR TOWN	COUNTY STATE
arked	Σ	WHILE NOT WHILE AT WORK	THE THE PARTY OF THE PARTY ETC.)			318
s ma		22a.1 certify tho™K(this hospital)		10-30- 19.80	, to11	
of H		sow the deceased alive on	11-14- 19 80 , c	and that in 🌃 (our) apinion	death occurred on the date o	and hour and from the causes state
if Item		22b. SIGNATURE	an inc body offer deom.	DEGREE		22c. DATE SIGNED
te D	15			ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	in l
AN AN		224. PHYSCIAN'S NAME (TYPE OF PRI	of lux	22e. ADDRESS		
with the State De IMPORTANT: If It		LOUISE SULTAN	4	VAMC, Perry	Point, Maryla	nd
× ×	73a 8			CEMETERY OR CREMATORY	234 LOCATION	Table 1
	ħ	Burial	11-18-80 Wit.	alme!	PINEU (Ves	K Alloobour X
/77	24. FI	WERAL DIRECTOR	013	25e. DA	TE REC'D. BY REC ISTRAR 256	REGISTRAR'S SIGNATURE
)	CD	OHCH PINIPPAT HOM	NODWIL BACK	21001 101	11 0 1000 E	ston bear
	CK	OUCH FUNERAL HOM	E, NORTH EAST, MD	21901	T 9 1300 Pm	- Jir - Overey

	site mainseally at the				distribution.		
			C.	igov h	W -	C: 30000	
					3/6	THE LE	
Ferie	N 300 - 18 5 W N	SIMOU	Tent			JA10	, 1
	1.286						
	Note: The Same		SHAN	1803		VO.	
	har fring Antological			213	1	19	9
							,

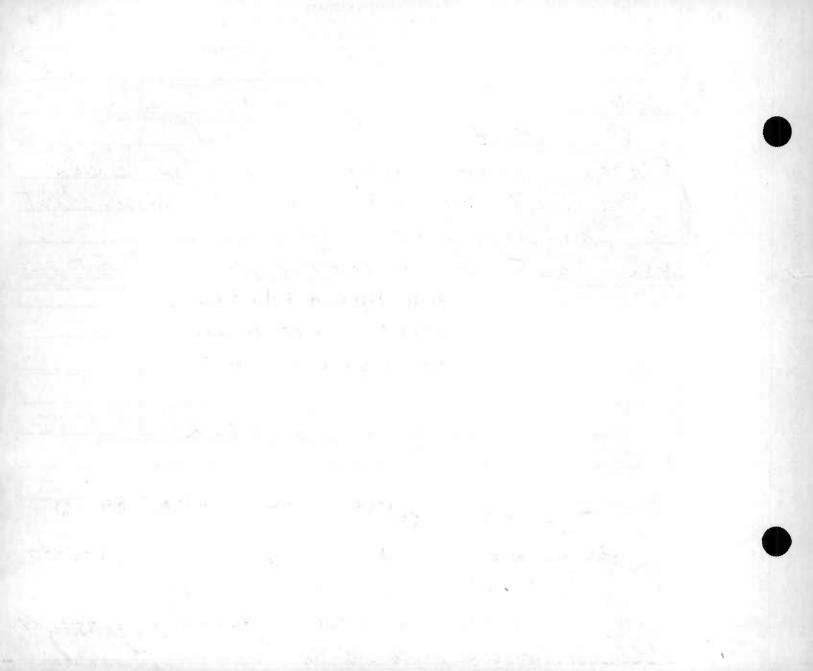


		STATE REGISTRAR	C PET AIR	CERTIFICAT		REG. NO		They	
		CEASED NAME FIRST	WIDDLE	LAST	121181-001		NONTH DAY	YEAR	2b.
	(1176	Vic	tor Ray	Pare	nt		11 19	80	2
	3. SE		4 RACE	5. DATE OF BIRT		6. AGE (IN YEARS LAST BIRTHI	DAY) IF UN	NDER I YEAR	IF I
		Male	White	Nov	18 1907	73	YRS	HS DATS	nc
-1		RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUNTRY	/? 8	NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF	DEATH	
2/	I	linois	USA	WIDOWED	DIVORCED 🔀	Cecil Co		4	
23	Per	rry Point. Md	(IF NOT IN SUCH FACILITY, GIVE STRE	ter. Perr	y Point, Me	120 USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF V (Ret) Min	WORKING LIFE) IN	26. KIND OF NOUSTRY	M
35	USU.			ore admission) WN de Gr YES		13e. STREET ADDRESS 1512 Lyo	ns St.		
- 0	14. FA	THER'S NAME	MIDDLE LAST	15. MG	OTHER'S MAIDEN NAM	MIDDLE	V S	LAST	
20		Raynond H	erbert Pate		Bernade	ette	F	aren	
7		VAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL SEG	CURITY NO. 17 IN	FORMANT	ADDRES	S		
		Yes 19	43-45 353 07	4513 Mr	s Ladonna	a Baldwin_	Same		1
		18. CAUSE OF DEATH (Enter PART I, DEATH WAS CAUS	only one couse per line for (o), (b), o	ond (cl.)	7			APPROXIA BETWEEN O	NAT
	- 3		ATE CAUSE (0) AGENOCAT	cinoma oi	Tung With	metastasis			2
		1629	DUE TO, OR AS A CONSEO	UENCE OF			1 483		
		Conditions, if any, which gove rise to immediate	(b)						-
87		couse (o), stoting the underlying couse lost.	DUE TO, OR AS A CONSEO	UENCE OF			T/ALC:		
		underlying couse lost.							
6.			(c)						
	N O	PART 2. OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING TO	O DEATH BUT NOT R	ELATED TO THE TERM	inal disease or cond	ITION GIVEN IN	N PART 1(o	3
	CATION	PART 2. OTHER SIGNIFICAN					20b. IF YES, WE	RE FINDING	GS
1	TIFICATION		t conditions <u>contributing to</u>					ERE FINDING G CAUSES (	GS OF
1	CERTIFICATION	190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICE	CH OPERATION WAS	5 PERFORMED	20a. AUTOPSÝ?	20b. IF YES, WE IN CERTIFYING YES	ERE FINDING G CAUSES (	GS OF
19		190 date of operation	196. CONDITIONS CONTRIBUTING TO	CH OPERATION WAS	5 PERFORMED	200. AUTOPSÝ?	20b. IF YES, WE IN CERTIFYING YES	ERE FINDING G CAUSES (	GS OF
19		190 DATE OF OPERATION  210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFETHER, NOTIFY MEDICAL EXAMINITY OF THE PROPERTY OF THE PROPERT	19b. CONDITIONS CONTRIBUTING TO  19b. CONDITION FOR WHICE  21b. TIME OF INJURY HOUR A.M. MONTH P.M.  21e. PLACE OF INJURY	DAY YEAR	5 PERFORMED	200. AUTOPSÝ?	20b. IF YES, WE IN CERTIFYING YES IN TIEM 18, PART 1 C	ERE FINDING G CAUSES (	GS
19	MEDICAL CERTIFICATION	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I	19b. CONDITIONS CONTRIBUTING TO  19b. CONDITION FOR WHICE  DEATH HOUR A.M. MONTH ER)  P.M.	DAY YEAR	PERFORMED  HOW INJURY OCCURR  OCATION	200. AUTOPSY?  YES NO DED (ENTER NATURE OF INJURY	20b. IF YES, WE IN CERTIFYING YES IN TIEM 18, PART 1 C	ERE FINDING G CAUSES ( ] OR PART 2)	GS OF
19		190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF ETHER, NOTIFY MEDICAL EXAMINIZED IN JURY OCCURRED WHILE AT WORK NOT WHILE AT WORK Sow the deceosed olive on the deceosed olive.	19b. CONDITION FOR WHICE  19b. CONDITION FOR WHICE  19b. TIME OF INJURY HOUR A.M. MONTH P.M.  21b. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE)  spitol) ottended the deceosed from	DAY YEAR 19 21c. F 19 21f. L	PERFORMED  HOW INJURY OCCURR  OCATION  STREET  ., 19-80	200. AUTOPSY?  YES NO DED (ENTER NATURE OF INJURY	20b. IF YES, WE IN CERTIFYING YES IN TIEM 18, PART 10	COUNTY	GS OF N
19		190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF ETHER, NOTIFY MEDICAL EXAMINIZED IN JURY OCCURRED WHILE AT WORK NOT WHILE AT WORK Sow the deceosed olive on the deceosed olive.	19b. CONDITIONS CONTRIBUTING TO  19b. CONDITION FOR WHICE  21b. TIME OF INJURY HOUR A.M. MONTH P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE)  spital) oftended the deceased from	DAY YEAR 19 21f. L 11-12	OCATION STREET  in (my) (our) opinion of	200. AUTOPSY?  YES NO CITY OR TOWN  To 11-19  Jeoth occurred on the dot	20b. IF YES, WE IN CERTIFY INC YES IN TIEM 18, PART 1 C	COUNTY	GS OF N
19		190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I (IF EITHER, NOTIFY MEDICAL EXAMINIZATION OF ATWORK NOT WHILE ATWORK NOT WHILE OBOVE, (I) (We) (did) (did obove, (I) (we) (did) (did obove, (I) (we) (did) (did	19b. CONDITION FOR WHICE  19b. CONDITION FOR WHICE  19b. TIME OF INJURY HOUR A.M. MONTH P.M.  21b. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE)  spitol) ottended the deceosed from	DAY YEAR 19 21c. F 19 21f. L 1112	OCATION STREET  in (my) (our) opinion of	200. AUTOPSY?  YES NO CENTER NATURE OF INJURY  CITY OR TOWN	20b. IF YES, WE IN CERTIFY INC YES IN TIEM 18, PART 1 C	ERE FINDING G CAUSES ( ) OR PART 2) COUNTY  80 , tl	GS OF N
19		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFETHER, NOTIFY MEDICAL EXAMINATION OF CONTRIBUTING AT WORK AT WORK AT WORK OBOVE, (I) (we) (did) (did) 22b. SIGNATURE	19b. CONDITIONS CONTRIBUTING TO  19b. CONDITION FOR WHICE  19b. TIME OF INJURY HOUR A.M. MONTH P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE  11-19 19 19 11-19 19 19 14. Adulbacks E OR PRINT)	DAY YEAR 19 21f. L 2, FARM, ETC.) 21f. L 2, GARM, ETC.)	OCATION STREET  in (my) (our) opinion of	200. AUTOPSY?  YES NO CITY OR TOWN  To 11-19  Jeoth occurred on the dot	20b. IF YES, WE IN CERTIFY INC YES IN TIEM 18, PART 1 C	ERE FINDING G CAUSES ( ) OR PART 2) COUNTY  80 , tl	GS OF N
19		190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I (IF EITHER, NOTIFY MEDICAL EXAMINIZATION) 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK AT WORK ON the deceosed olive obove, (I) (we) (did) (did) 22b. SIGNATURE	19b. CONDITIONS CONTRIBUTING TO  19b. CONDITION FOR WHICE  19b. TIME OF INJURY HOUR A.M. MONTH P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE  11-19 19 19 11-19 19 19 14. Adulbacks E OR PRINT)	DAY YEAR 19 21c. F 19 21f. L 21f. L 22e. 7	OCATION STREET  19 80  in (my) (our) opinion of Physician physician	200. AUTOPSY?  YES NO CITY OR TOWN  To 11-19  Jeoth occurred on the dot	20b. IF YES, WE IN CERTIFYING YES IN TIEM 18, PART 10  10 IN TIEM 18, PART 10  10 IN TIEM 18, PART 10  11 IN TIEM 18, PART 10  12 IN TIEM 18, PART 10  13 IN TIEM 18, PART 10  14 IN TIEM 18, PART 10  15 IN TIEM 18, PART 10	ERE FINDING G CAUSES ( ) OR PART 2) COUNTY  80 , tl	GS OF I
19	MEDICAL	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFETHER, NOTIFY MEDICAL EXAMINATION OF CONTRIBUTING AT WORK AT WORK AT WORK OBOVE, (I) (we) (did) (did) 22b. SIGNATURE	19b. CONDITIONS CONTRIBUTING TO  19b. CONDITION FOR WHICE  21b. TIME OF INJURY HOUR A.M. MONTH P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE  11 - 19  19  11 - 19  19  11 - 19  19  19  10 - 11  11 - 19  19  10 - 11  10 - 19  10 - 1	DAY YEAR 19 21c. F 19 21f. L 21f. L 22e. 7	OCATION STREET  in (my) (our) opinion of E ATTENDING PHYSICIAN PARC, Perry	200. AUTOPSY?  YES NO CITY OR TOWN  To 11-19  death occurred on the dat  MEDICAL STAFF  DIRECTOR PHYSICI.	20b. IF YES, WE IN CERTIFYING YES IN TIEM 18, PART 10  10 IN TIEM 18, PART 10  10 IN TIEM 18, PART 10  11 IN TIEM 18, PART 10  12 IN TIEM 18, PART 10  13 IN TIEM 18, PART 10  14 IN TIEM 18, PART 10  15 IN TIEM 18, PART 10	RE FINDING G CAUSES (C) OR PART 2) COUNTY  80 the defrom the county 22c. DATE S	GS OF N



76:5 04 PF FJ		3.00	T	reter - R	
	(73	V081-181	70/		201e
y3 no	Vecil Cor	X.		Att	alonilli
en Don't time	414 (Jan)	erv Point.	or restorn to	va Vy Nečic	teijo ( vece
.dB an	1512 Eye		. 10 en erve	H_biglish	
dueses	533	Dernade	seant	anndn-H	bnomege
Sine as 13e	nimbled	sagabal erki	53 07 4513	2 7-1-101	T THEY
	61-11	-63	i-LL <sub>ns</sub>	0 [= F F	
				O F F F	
TO ME THE SECTION				14.5	

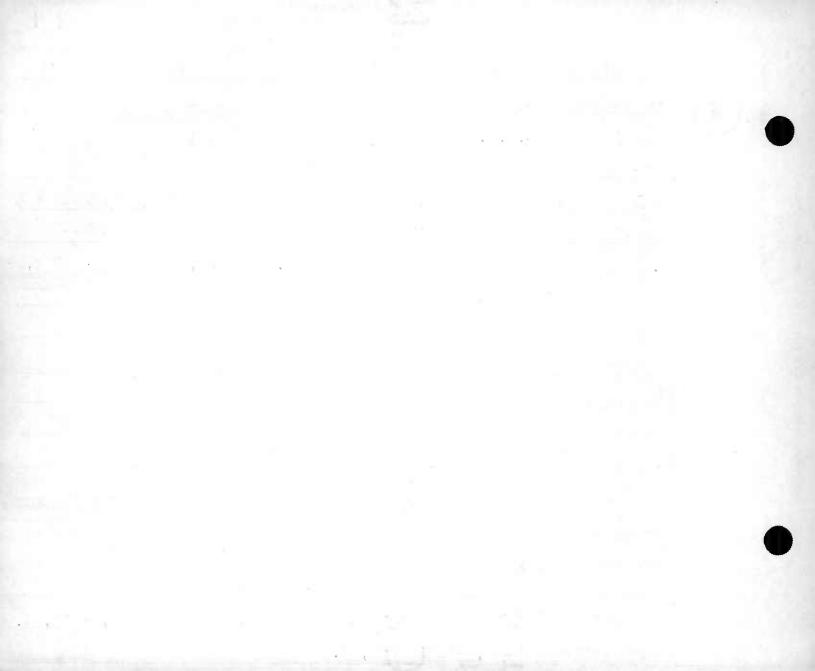
Se to St. Committee the survey of the second



E OF DEATH (Enter o	IS. DATE OF BIRT MONTH AND 14  7b. CITIZEN OF M (IF NOT IN SUCH  E OR OTHER INSTITUTION, NTY ecil  MIDDLE  REMED FORCES? VE WAR OR DATES)  DOILY ONE COUSE PER IN ED BY: ATE CAUSE (a) (b)	WHAT COUNT  S. A.  OSPITAL, NUR. IFACILITY, GIVE SIST OFFICE OF THE STREET OF THE STRE	72 YRS. RY? 8. V SING HOME, C V SING HOME, C V SET ADDRESS) V SEFORE ADMISSION OF T Depos  AST J	15. MOTH 0. 17. INFOR/	DIVORCED  TION 12a  TITY LIMITS? 13e.  NO 🛣  ER'S MAIDEN N  CCONY  MANT	PRONOUN DEAD  9. BALTIM  Ce  USUAL OCCUPANOST OF WOR  CALLES  STREET ADDRE  766 Dr.	MATED MONNICED MONICED	ORK 12b. KINDO ORK NO DAVE	BUSINESS  Software of the state
Causcas:  (STATE OR (RY) (STATE OR (RY) (PODICA (STATE OR (STATE	The CITIZEN OF NO. (IF NOT IN SUCH  ANDOLE  AN	WHAT COUNT  S. A.  OSPITAL, NUR. IFACILITY, GIVE SIST OFFICE OF THE STREET OF THE STRE	TAST BIRTHDAY) TO YRS.  RY?  I.  V SING HOME, CO REET ADDRESSION OF TOWN TO PRIOR ASSIGN ASSECURITY N 03-7308 and (c).)  HOCK	MARRIED NE	VER MARRIED DIVORCED TION 12a  CITY LIMITS? NO 22  ER'S MAIDEN N FIRST CLONY MANT	PRONOUNDEAD  9. BALTIM  Ce  USUAL OCCU FORMOSTOF WOR  STREET ADDRE  766 Dr.	NCED  NORECITY OR CO  CI PATION (TYPE OF WO  CKING LIFE)  PERATOR  SSS  Jack Rd  MDDLE  ADDRESS	ORK 12b. KINDO OR IND Davi	BUSINESS JSTRY  LONCA  ghead  ryland.
PROJUNIA  VN OF DEATH  PEPOSIT  ICE (IF IN NURSING HOME  AME  ASED EVER IN U.S. AI  (IF YES, GIV  IMMEDIA  (ise to immediat  (c) stating the under	III. NAME OF HE (IF NOT IN SUCH IF NOT IN SUCH	OSPITAL, NUR. 1FACILITY, GIVE SIST 100.  GIVE RESIDENCE B 13c. CITY (  POT  16b. SOCI 214—  tine for (a), (b),	SING HOME, CORET ADDRESS!  TO GREET ADDRESS!  TO GREET ADDRESS!  TO GREET ADDRESSION  TO GREE	ROTHER INSTITU  ROCAL  13d. INSIDE ( YES   15. MOTH	DIVORCED  TION 12a  TITY LIMITS? 13e.  NO 🛣  ER'S MAIDEN N  CCONY  MANT	Ce  SUSUAL OCCUI  FOR MOST OF WOR  CALLED  STREET ADDRE  766 Dr.	cil PATION (TYPE OF W.C. KING LIFE) PERATOR  Jack Rd.  MIDDLE  ADDRESS	ORK 17b. KIND O OR IND Davi  Crai  APPROXI	BUSINESS  STRY  Concrete
Deposit ICE (IF IN NURSING HOME AND 13b, COUL AME ASED EVER IN U.S. AF IKNOWN) (IF YES, GIV  IMMEDIA IT OF DEATH (Enter of I DEATH WAS CAUSI IMMEDIA (ise to immediate (c) stating the under	MIDDLE .  RMED FORCES? VE WAR OR DATES)  DOILY ONE COUSE PER LIFE CAUSE (a) .  DUE TO , Co. the tee (b) .	FACILITY GIVESTR 76 D. GIVE RESIDENCE B 13c, CITY C POT 16b. SOCI 2/4- ine for (a), (b),	The tradbless of the form of the tradbless of tradbless of the tradbless of the tradbless of the tradbless of tradbless of the tradbless of t	Road   136. INSIDE (Compared to 15. MOTH)	ITY LIMITS? 13e. NO 🛣 13e. ER'S MAIDEN N REST CCONY MANT	STREET ADDRE	penator  SS  Jack Rd  MIDDLE  ADDRESS	ORIND Davi	stry oncr ghead  ryland.
AME  ASED EVER IN U.S. AI  IKNOWN) (IF YES, GIV  ID E OF DEATH (Enter o I DEATH WAS CAUS)  Itions, if any, which (ise to immediate of) stating the under	AMIDDLE AMEDICAL STREET OF THE CAUSE (a) LET TO LET	136. SOCI 214- ine for (a), (b),	AST LE DEPOS  AST LE DEPOS  AL SECURITY N  03-7308  and (c).)	15. MOTH 0. 17. INFOR/	ER'S MAIDEN N CCONY MANT	NAME "	ADDRESS	Crai	ryland.
ASED EVER IN U.S. AI IKNOWN) (IF YES, GIV  IE OF DEATH (Enter o I DEATH WAS CAUSI IMMEDIA (ise to immediate o) stating the under	PARMED FORCES? VE WAR OR DATES)  DOILY ONE COUSE PER II  LED BY:  ATE CAUSE (a)  DUE TO, (c)  the  (b)	214-(ine for (a), (b),	03-7308 and (c).)	0. 17. INFOR	acony Mant	M	ADDRESS	osit, Ma	ryland.
E OF DEATH (Enter of DEATH WAS CAUSI IMMEDIA  (ise to immediate of options)	only one couse per li ED BY: ATE CAUSE (a)	214-(ine for (a), (b),	03-7308 and (c).)			Poff, I		APPROXI	MATE INTERVAL
IDEATH WAS CAUSI IMMEDIA Introduction interest of immediate (o) stating the under	ATE CAUSE (a)  DUE TO, (b)  (b)	me	1001	RDIA	. 11	NEAR	CTON	APPROXI BETWEEN C	MATE INTERVAL INSET AND DEATH
	(c)		SEQUENCE OF	OISEASE OR CONDITIO	N GIVEN IN PART 1 (	(α).			
OF OPERATION	119b. CON	DITION FOR W	VHICH OPERAT	ON WAS PERFOR	MED?	10 TH		100 0010	- 1
ING OR UTING CAUSE OF	HOUR A	.M. MONTH	DAY YEAR	TOCATION	CCURRED (E	ENTER NATURE OF IN	JURY IN ITEM 18 PART 1 (	OR PART 2)	,
NOT WHILE	STREET, F.	ACTORY, FARM, ETO	c.)	SPANES	3123	CITY OR TO	WN	COUNTY	STATE
	**	described abav Accident		Homi	cide , U		anner ,		11.180
R'S NAME AN				DD ADDRESS_	UNION	Hosen	AINER SI	HOW D	17/10 D2132
mation, REMOVAL						Port			state
73	RNAL CAUSE WAS  (ING	RNAL CAUSE WAS  RING OR  SUTING OR  STREET, F.  TO COURRED  STREET, F.  STREET	RNAL CAUSE WAS  RING OR SUTING CAUSE OF DEATH  RY OCCURRED  NOT WHILE AT WORK  Certify that I taak charge of the remains described above esulted fram: Natural caures Accident  JRE  ER'S NAME AT A ST  MATION, REMOVAL 23b. DATE  JRECTOR  ADDRESS.	RNAL CAUSE WAS  RING OR  SUTING OR  P.M. 19  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.)  STREET, FACTORY, FARM, ETC.)  STREET, FACTORY, FARM, ETC.)  SUICID  SUIC  SUICID  SUICID  SUICID  SUICID  SUICID  SUICID  SUICID  SUICID	RNAL CAUSE WAS  RINAL C	RNAL CAUSE WAS  RINAL C	RNAL CAUSE WAS  (ING	RNAL CAUSE WAS  RNAL CAUSE OF INJURY  RAL CAUSE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.)  ROTT OR TOWN  RESUlted from: Naturol caures W. Accident W. Suicide W. Homicide W. Undetermined manner W. TITLE (SPECIFY)  RNAL CAUSE WAS  RNAL CAUSE WAS  RNAL CAUSE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.)  ROTT OR TOWN  RNAL CAUSE WAS  RNAL CAUSE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.)  ROTT OR TOWN  RNAL CAUSE WAS  RNAL CAUSE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.)  ROTT OR TOWN  RNAL CAUSE WAS  RNAL CAUSE WAS  RNAL CAUSE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.)  ROTT OR TOWN  RNAL CAUSE WAS  RNAL CAUSE WAS  RNAL CAUSE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.)  ROTT OR TOWN  RNAL CAUSE WAS  RNAL CAUSE	RNAL CAUSE WAS RING OR HOUR AM. MONTH DAY YEAR BUTING CAUSE OF DEATH P.M. 19 RY OCCURRED NOT WHILE STREET, FACTORY, FARM, ETC.)  RNAL CAUSE WAS RING OR HOUR AM. MONTH DAY YEAR BUTING CAUSE OF DEATH P.M. 19 RY OCCURRED RY O

. Library The second second in the second secon in a series of the series of t 

10		1.	FOR STATE REGISTRAR		DEPARTN	ENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 0	2	8 8	2 1
ge 4 moy be	page 3 r death	1. DE (TYP)	CEASED NAME FRST ORPRINT) FLOVENCE X	1 RACE	MIDDLÉ	5 DATE C		20. DATE OF DEATH  6. AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24 HRS
Company of the same of the sam	(M)		FEMOLE RTHPLACE (STATE OR FOREIGN OUNTRY) MD	TA CITIZENO U.S.A	F WHAT COUNTRY?	5	3 18	BALTIMORE CITY O	YRS.		HOURS MIN
hours offer d	be filed within the notified of	۶	ITY OR TOWN OF DEATH	11. NAME OF	F HOSPITAL, NURSING	G HOME C	R OTHER INSTITUTION	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O		12b. KIND OF INDUSTRY	BUSINESSOR
within 24 he	d 2 should to	14. F	AL RESIDENCE (IF NURSING HOME STATE 138 CO		Chesapenki	Cky	134 INSIDE CITY LIMITS?  YES NO S  15 MOTHER'S MAIDEN NAME FIRST	3 540 AE MIDDLE	Augus	Green Green	now Hay
be executed	Poges 1	16a \		ARMED FORCES? GIVE WAR OR DATES)			Margaret Mary Eliz.H	ADDRE	chesa	219 peake	City, M
ING PHYSICIAN. The low requires that the death certificate be executed within 24 hours, or other days con.	n signed by the attending physicio Then please remove carbon papers r to burial, cremation, or removal. injury, or other traumatic event, the	NO	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	DUE TO, (b)_ DUE TO, (c)_  DUE TO, (c)_	OR AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART I(o)	14h,
IAN The low re	ony O	CERTIFICATION	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	21b. TIME	OF INJURY		WAS PERFORMED	200 AUTOPSY?  YES NO ENTER NATURE OF INJUI	IN CERTIFYIN		S USED F DEATH?
L CATTEND	L DIRECTOR: After this certificate has stacked for use as the buriol-transit per e Dept. of Health and Mental Hygiene if Hem 21 is marked or Item 18 shows	MEDICAL C	OR CONTRIBUTING CAUSE OF  (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  220.1 certify that (1) (his ho sow the decessed olit obove, (1) (we) (did) (did 22b. SIGNATURE	PEATH HOUR (AT HOME, S	A,M. MONTH DA	19 NRM, ETC.)	211 LOCATION STREET  190 d that in (my tody) opinion o	city or tov	, 19. pate and hour or	COUNTY	
O HOSPITA etoined by	should be deto with the State I		22d PHYSICIAN'S NAME (TYP	n+ 15	rande,		PHYSICIAN [ 220 ADDRESS	/Vuspita	L ECK	100	
BP	)		Burial, cremation, remov Burial Jureal director	23b. DATE	2/80 Bet	thel	Cemetery Cemetery 21651 250 Date	23d LOCATION CITY OR TOWN Chesapes	ake Ci	ty, Cec	
	HMH-16 20M (A 15, 4) 7/7B		lward Fellow	s & So	n, Milli		1071	1 1 9 1920	Pictor	. hall.	ades



1.	FOR STATE				LENT OF HE		ENTAL HYG		2 8	8	2	2
I. DE	REGISTRAR	FIRST	WE	MIGDLE	XAMINER	'S CERTIFI	CATE OF D	20. DATE KN	REG. NO.	H DAY	YEAR	2b. HOUR
	PE OR PRINT)	Ernes	st	w.		Rav		OF E	STI-	12	10 80	ZB, HOUR
3. SE	x Male	4 RACE White	S. DATE OF BIRTH			IF UNDER 1 YR.	IF UNDER 24 H	RS. 2c. DATE PRONOUNCE DEAD	MONTH	13	YEAR 19 80	11:30
	IRTHPLACE (ST	ATE OR	76. CITIZEN OF W		RY?	MARRIED AND	EVER MARRIED (	<b>□</b> [	il Coun	NTY OF E	DEATH	11/1
	Rising		11 NAME OF HO	SPITAL, NURS		OTHER INSTITU	JTION 112a	USUAL OCCUPAT FOR MOST OF WORKING	ION (TYPE OF WOR	K 12b. KII	ND OF BUS R INDUSTR	Υ
USU/ 13a. S	AL RESIDENCE STATE	(IF IN NURSING HOME O 13b. COUN'	R OTHER INSTITUTION, C	13c. CITY C	EFORE ADMISSION)	13d. INSIDE	CITY LIMITS? 13e.	STREET ADDRESS				
0 14. F	REPORT		WIGDTE		ST	15. MOTH	IER'S MAIDEN N				LAST	
16a. V		EVER IN U.S. ARA	WAR OR GATES)		AL SECURITY NO		MANT ELYN	GIZZ	ADDRESS FE	170	N P.	4
	PARTIDE  Condition gove ris cause (o) lying cou	ns, if any, which ie to immediate stating the <u>under</u> -	DBY: STECAUSE (o) DUE TO, OI (b) DUE TO, OI (c)	notgun R AS A CONS R AS A CONS	WOUND (	of Chest				BETV	pproximate ween onset	ANG GEATH
MEDICAL CERTIFICATION	190. DATE OF					DISEASE OR CONDITION		1).		20 A	AUTOPSY?	
MEDICAL CERTIFICATION	UNDERLYING	L CAUSE WAS OR OG CAUSE OF D		M. MONTH	DAY YEAR 12 19 80		shot h	TER NATURE OF INJURY	IN ITEM 18 PART I OR		YES 🔼	NO 🗆
MEDIC	216 INJURY C		21e PLACE STREET, FAC	OF INJURY CTORY, FARM, ETC OME	(ATHOME, 2	I LOCATION STREET		York Rd.,	Rising S	ounty Sun C	Cecil	STATE CO.
	22a I certif deoth results ACTUAL SIGNATURE	y that I took charge ed frame A Noture	e of the remains de	Accident		Nutopsy X, Hami	Inspection Ur	Inquiry Indetermined manner	ond in my	apinion	Md.	
230. B		NAME Marga				ADDRESS_	111	Penn Str				
	URIAL, CREMAT SPECIFY) BURIAL DIREC		36. DATE 11-17-80	w		NY OR CREMATE	11	LOCATION CITY OR TOWN  CO LOT  BY REGISTRAR	A Co	CIL		TE D
	NAME	ARD FUNI	RAL HE	ME	1) (14.	カカ	NOV		Post	who	Bre	4

The same of the sa vendeD - IkaeD 203 1 Contact of the contac Bright and the state of the state of the state of the The many was to the form of the many of es III Cât de les les Rd., Riches sur, Seell Co., A marine feath was fif this things and the 1880

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a. DATE KNOWN 2b. HOUR (TYPE OR PRINT) OF ESTI-Gertrude RICHTER 11 12 1080 Ray DEATH MATED X 3. SEX 4. RACE 5. DATE OF BIRTH IF UNDER 1 YR IF UNDER 24 HRS. DATE 2d. HOUR MONTH 11:30 PRONOUNCED Female. White DEAD 11 13 1980 TO BURTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH 16. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Cecil County WIDOWED TO DIVORCED CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) Rising Sun Little New York Road USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 113b. COUNTY 13d. INSIDE CITY HAUTS? 13e. STREET ADDRESS NO 1 222 LITTLE NEW YORK ROAD RISING F. PAGES 1 AND 2 STATES 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE ILLIAM PENNINGTON NELLIE ADDRESS FELTEN 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. (JE YES GIVE WAR OR DATES) 227-28-1334 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL ED AS A BURIAL - TRANSIT PERMIT. HEALTH AND MENTAL HYGIENE, D IL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH Gunshot wound of Chest IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION E 3 SHOULD BE USED A E DEPARTMENT OF HEA 31 PRIOR TO BURIAL, C 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [ NER: THIS CERTIFICATION INCOME. THIS CERTIFIED TO THE CENTRAL OF T 21a. EXTERNAL CAUSE WAS 716. TIME OF INJURY HOUR XX MONTH 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL subject was shot ? P.M. 21e PLACE OF INJURY 21f. LOCATION EXECUTE THE CERTIFICATE, WKIIINN PROSE 4 SHOULD BE PORWARDED TO FUNERAL DIRECTOR: PAGE 32 AFTER DEATH, WITH THE STATE DEP BALTIMORE, MARYLAND, 21201 PR AT WORK NOT WHILE STREET, FACTORY, FARM, ETC. home 222 Little New York Rd., Rising Sun, Cecil Co. 220. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinion Hamicide X Suicide Undetermined manner death resulted from Natural causes TITLE (SPECIFY) ACTUAL Assistant 11-14-80 SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn Street TYPE OR PRINT) ADDRESS 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 236. DATE W. HOTTINGHAM CECIL BORIAL COLORA BP DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH-17** FUNER (VR A15 ME (5)) 15M2/80

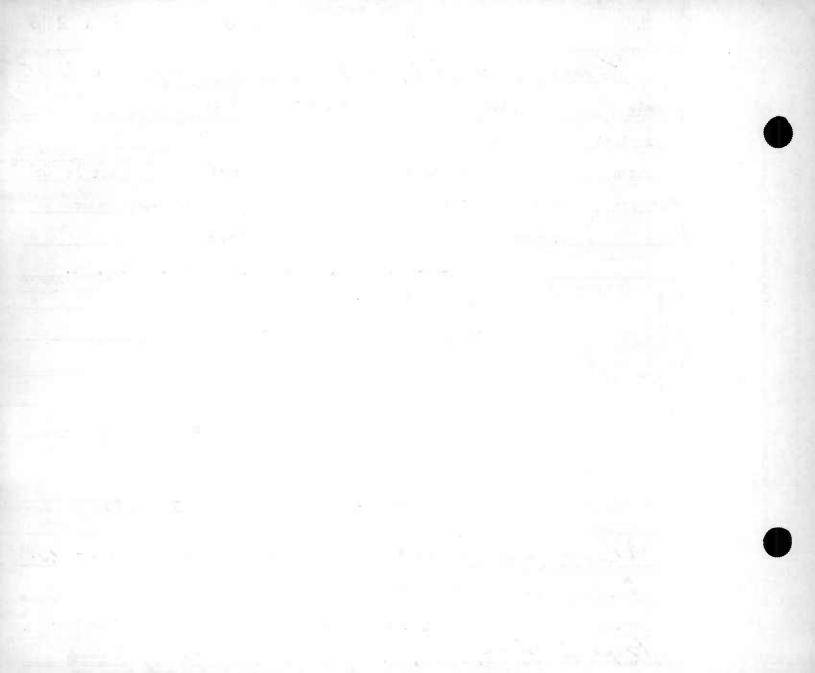
2 7 Feb. 7 & 7 Feb. Marie and the second of the se CONTESTS AND STREET OF MANAGEMENT sein was er**o**jūra. Od sē tā se August 10 seption 4. March 1. M.B. Land 175 Verm Dancet May 1 to 1380 things you was

the section of the	1		١,	FOR	D		E OF MARYLAND EALTH AND MENTAL	HYGIENE 8 0	2 8	3 8 2	4
-	9		1	STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG.	NO.		
3				CEASED NAME FIRST	MIDDLE		AST	20 DATE OF DEATH		YEAR 2b. H	HOUR
y be	poge 3 r death			SHIRLE	Y Y.	R	EDDEN		11 1	8 80 12	:58pm
O L	ofter o		3. SE.		4 RACE	5. DATE C		6. AGE (IN YEARS LAST &		UNDER I YEAR IF UN	NDER 24 HRS
96 n	directo hours a			Female	White		21, 1935	44	YRS.		
4	72 ho	Ouce.	C	DUNTRY)	76. CITIZEN OF WHAT CO	UNTRY? 8 MARRIE	D NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY C	F DEATH	
deo	und und	50		est Virginia	USA	WIDOWE		Cec:	1	12b. KIND OF BUS	MD.
201 irs after	by the filed w	23	Pe	rry Point, Md.	VA Medical	Center,	Perry Poin		OF WORKING LIFE)	INDUSTRY	INESS OR
BALTIMORE, MARYLAND 21201	ly filled in should be	\$ 25 p	13a S	AL RESIDENCE (IF NURSING TO E OR TATE	TY 13c CITY	ORTOWN	13d. INSIDE CITY LIMIT				
rlAP thin :	sha sha	ne.		THERS NAME	Geo ISuit	land	YES NO [		iason	Ave. #A	
MAR.	campletel	Ocham	-	John N.	Red	len	Grace	N NAME E <sup>MIDDLE</sup>		Bradd	
ORE, M.	and ca	2 Nedicol	16a V	VAS DECEASED EVER IN U.S. ARA		AL SECURITY NO.	17 INFORMANT	ADD	RESS		Esta
TIMO be es	ian and crs. Pages	med			-1956 234-5	6-6792	Grace E.	Redden	Same	as #13	
BAL	0 0 - 7	it, the		18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED	nv '					BETWEEN ONSET	NTERVAL AND DEATH
V ST., B.	g 6	event,			CAUSE (0) Aspir	ation Pne	eumonitis				
ESTON death o	cark n, or	raumatic		1627	DUE TO, OR AS A CO						
RES e de				Conditions, if ony, which gove rise to immediate	(b) Carci	noma of ]	Jung				
Tw. F	se re	other		underlying couse lost	DUE TO, OR AS A CO	NSEQUENCE OF				100	
201 es th	plec	, 0		PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTI	NG TO DEATH BUT	NOT RELATED TO THE	TERMINAL DISEASE OR CO	NDITION GIVEN	IN PART 1(p)	
RDS,	n sigr Then r to bu	uniu.	NO			Transit Land					
8	beer mit.	ony	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES,	WERE FINDINGS UNG CAUSES OF DI	ISED
ALR The 1	of pe	shows	RTIFI			THE PARK !		YES X NO	YES	□ NC	
Y Z Z	HO D TA	00		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	21b. TIME OF INJURY HOUR A.M. MON	TH DAY YEAR	21c. HOW INJURY OC	CURRED LENTER NATURE OF IN.	URY IN ITEM 18, PAR	T 1 OR PART 2)	
SICI.	s certification of the second	tea 9	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19					
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., NG PHYSICIAN: The low requires that the death certific		10 p	MED	21d. INJURY OCCURRED  WHILE NOT WHILE	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY		21f. LOCATION STREET	CITY OR TO	NWC	COUNTY	STATE
	th os	marked		AT WORK		8-1		80 . 11-18		80	
TEND	OR: or us	18 1		220.1 certify that (I) (this hospit saw the deceased alive on above, (I) (we) (did) (did abt		1rom	, 19	inion death accurred on the	date and hour o	, mor (	s stated
A AT	DIRECT Sched for Dept. o	Hem 2		obove, (I) (we) (did) (did Apt 22b. SIGNATURE	view to body after deat		DEGREE			22c. DATE SIGN	
O P		=		1	· UKSU	N	ATTENDIN PHYSICIA	NG MEDICAL ST	AFF	11-18-	-80
PITA	FUNERAL In the State I	Ž-		22d. PHYSICIAN'S NAME	PRINT)	0	22e. ADDRESS	The Division of the Control of the C	ICIAITA	1 44 44	
O HOSPI	TO FUR should with the	MPORTANT.		Y. AKSOY, M.I	).		VAMC, Per	ry Point, Md.			
0.49	D 4 3	₹	23a. E	URIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF C	EMETERY OR CREMATO	ORY 23d. LOCATION	C	YTAUC	STATE
7007 B	P			Burial	21Nov1980	Cedar	Hill Cem	Suitlar	nd I	PG Mc	_
	- 16 50M 7/77	7	24. FU	MERROBET E. W	ilhelm ADI	DRESS	25a	DATE REC'D. BY REGISTRA		R'S SIGNATURE	
(VR	RA 15 (4))			Funeral Hom	e Inc s	uitland,	Md	DEEL C Z A DE	Bus he	Macros .	4

	4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			
23:C101 1 E				
	ES LESSE LE VO		o lainingly graff	
		ata La Allia	In the man with	
	90m (7			
Editor and a	mined of equal 5			
		mulitari kesil aman leugit		
		OF UA-		
08-88-11				
	, who introduced the color			
	no tint not			
- 1 may he hands the	ELOSVON BELS	1011110 - 6	ol teromic and/il	

	FOR STATE REGIST			M	EDICAL	STA MENT OF EXAMIN		AND M	ENTALH	U		REG. NO.	8	8	2	5
	(TYPE OR PRIN	Τ)	RICHAF		MIDDLE	Hans	)II	REED			OF DEATH M	ESTI-	MONTH	13 <sub>19</sub>		26 HOU
)	male		nite	June, 1	5,46			DER 1 YR.	HOURS	MIN.	PRONOUNC DEAD		11	13		1 H2
16	Wilr	n. Del		U.S.A	•		WIDOW	ED 🗆	VER MARR DIVORC	ED K		l Coun	ity	TY OF DE	ATH	M
1	Elk		1	NAME OF HO (IF NOT IN SUCH Union	Hospi	tal		er institu	NOITI	FOR M	ALOCCUPA OST OF WORKIN	TION (TYPE O	OF WORK	12b. KIND OR IN Hous	NDUSTR	Y
	3a. STATE	Id.	URSING I WE OR HIS LE UNTY		13c. CIT	ester ester	· ·	13d. INSIDE (	NO [	13e STRE 841	ET ADDRESS High					
	Gilr	nore		MIDDLE		Reed.		Sar			MIDE R	•		Re	ash	
2	Yes, No. o	R UNKNOWN)	(IF YES, GIVE W	ED FORCES? AR OR DATES)  One cause per lii	21	3-46-1		17. INFOR	4.4	lothe nith,	er as a	above	>			
	PART 2	onditions, if ove rise to ouse (a) stating ing cause lost	immediate g the <u>under-</u>	(b)		NSEQUENCE		OR CONDITIO	ON GIVEN IN PA	RT 1 · a·						
T	19a. D.	ATE OF OPER	ATION	19b. CONE	DITION FOR	WHICH OPE	RATION W	AS PERFOR	RMED?						TOPSY?	NO 🗆
3	VIO. E)		OR CAUSE OF DE	HOUR A.		1-13-, 8	Ö Dr	iver			Exed of INJUR					
5	W		WHILE X	21e PLACE STREET, FA	E OF INJURY ACTORY, FARM, I C	Y (AT HOME, ETC.)		TATION TRESOL	at Wa	rds H	HITCH TOWN	Galen:	a,Ce	ëil		Marie
16 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ACTU.	resulted from	n: Naturg	of the remains de couses	Accident	X, s	Autop:	Homie		Undete	Inquiry Continued manner	ner,	DATE SIGNE		-13-{	3o
2	3a. BURIAL, (	REMATION,	REMOVAL 231	DATE	23c.	NAME OF CE	METERY O		ORY	23d. LO	CATION		COUNT		STA	NTE .
,	24. FUNERAL			& Son.	ss	alena 21 lingt	651		25WDATE	REC'D BY	ena REGISTRAR 1980	25h REGIST	TRAR'S	ent	Md.	

md\_self-meson and little on Manager Tag Lon



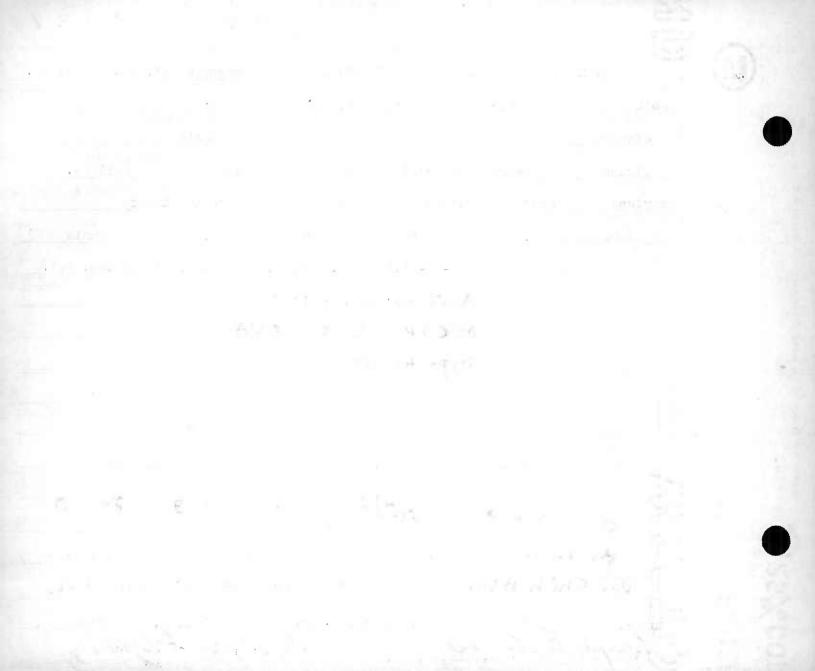
requires that the death certificate be executed within 24 hours after

TTENDING PHYSICIAN: The low

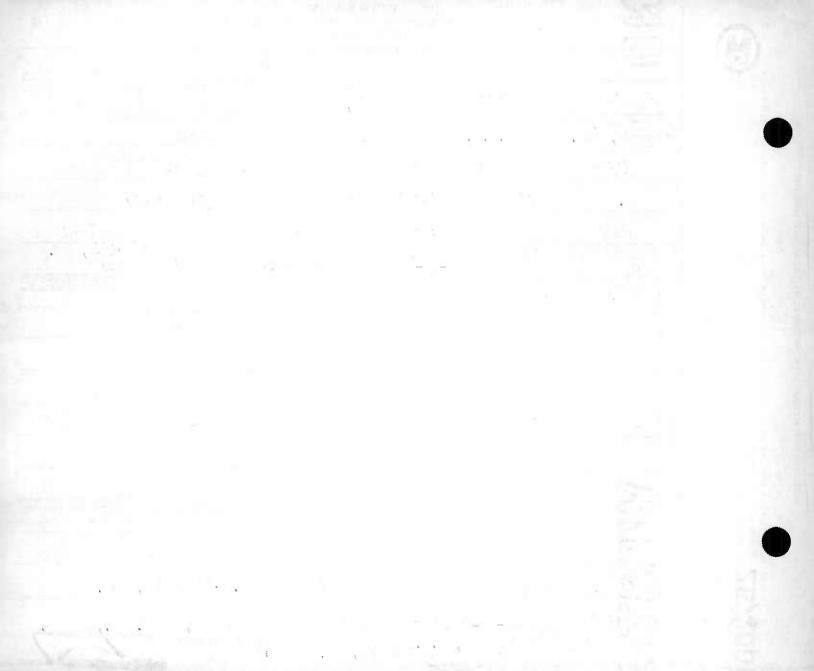
TO HOSPITAL

		1-	FOR STATE REGISTRAR			DEI	PARTM		EALTH AND MENT		IENE 8	REG. NO	2	8	8 2	2 7			
M			CEASED NAME OR PRINT!	FIRST		MIDDLE F.			AUGHTER		20. DATE OF		монтн	1980		OUR			
		3. SEX			I. RACE	Г •		5. DATE O			& AGE (INYE			IF UNDER 1 Y		DER 24 HRS			
of o		M	ale	- 1	White			MONTH		EAR		91		MONTHS 0/	YS HOUR	RS MIN			
direct hours (			RTHPLACE ISTATE OR	FOREIGN 7	b. CITIZEN OF		NTRY?	May	14, 1889	,	1 BALTIMO	-	YRS.	Y OF DEATH		_			
and once	1	C	DUNTRY)	,		WHAT COO.			NEVER MARR		1			OI DEAL					
0 1 to 4	3.6		Delaware TY OR TOWN OF DE	ATH 1	USA II. NAME OF	HOSPITAL N	JURSIN	WIDOWE	DIX DIVORCE	· ·	12a USUAL (	Cecil		125 VIN	D OF BUS	MD INESS OR			
by the funeral filed within 72 h	'n	10 01			(IF NOT IN SU	CH FACILITY, GIVE	E STREET A	DDRESS)			(TYPE OF WORK	FOR MOST O		FE) INDUST	RY	IIVESS OK			
ours be file	17	ÚSÚZ	Elkton AL RESIDENCE (# NUI	RSING HOME OR C		WOOD I			enter		Drive	r		1011	Co.				
led led led led bild b	5	13a. S	TATE	136 COUN	TY	13c. CITY OF	R TOWN		134. INSIDE CITY LI	-	13e. STREET								
ely filled should b	-		ryland THER'S NAME	Cec	11	Elkt	ton		YES NO		502 N	orth	Stree	t					
	70	14. F.A	FIRST	м	IDDLE	LAS	ST		FRST	DEN NAM	WE	MIDDLE			LAST				
	10		John		T.	Slav			Mary	7		E.		E	nnis				
n ond co			VAS DECEASED EVE	R IN U.S. ARA (IF YES, GIVE		166 SOCIAL	LSECUR	RITY NO.	17 INFORMANT			ADDRE	:55						
S. Po	1					215-0	09-5	137A	Mr. Joh	n A.	Slaug	hter,	Wiln						
physicion on papers. emoval.			18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I, DEATH WAS CAUSED BY											BETW	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
n ph			PARTI. DEATH		CAUSE (a)	Acid	te 1	uxec	and fut	aich'	Oc.								
nding corbc			4/00 DUE TO, OR AS A CONSEQUENCE OF																
ove c		Conditions, if any, which ( b) ASCVD CVI CVA.																	
of by the ottending lease remove carb arial, cremation, or ractor or other troumatic.			gove rise to in cause (a), state underlying cous	ing the	DUE TO, O	R AS A CON		NCE OF I	on.										
signe Then p to bury,		NO	PART 2 OTHER SIG	GNIFICANT CO	onditions <u>c</u>	ONTRIBUTIN	G TO D	EATH BUT	NOT RELATED TO T	HE TERM	INAL DISEAS	E OR CON	DITION GI	VEN IN PAR	1(0)				
beer mit.	0	CERTIFICATION	190 DATE OF OPER	ATION	196 COND	ITION FOR V	vHICH (	OPERATION	WAS PERFORMED		20a AUTO	PSY?		S, WERE FIN					
icion.  te hos ssif pei	V.	E I									YES [	NO K		ES 🗍					
ng physic certificate mol-trans ental Hyg	9		21g. ACCIDENT WAS UP OR CONTRIBUTING [] (IF EITHER, NOTIFY MEDI	CAUSE OF DEAT	"	OF INJURY .M. MONTI .M.	H DA	Y YEAR	21c. HOW INJURY	OCCURR	ED (ENTERNA	TURE OF INJUI	RY IN ITEM 18,	PART 1 OR PART	2)				
his ce burn Mer	- [	MEDICAL	21d. INJURY OCCUP		21e. PLACE	OF INJURY			211 LOCATION										
After the ce os the olth ond		W	WHILE NOT V	WHILE	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET						CITY OR TOV	COUNTY	COUNTY STATE						
Se o			22a.l certify that (	l) (this hospite	ol) attended th	ne deceased	from_	4	3 , 19	74	, to	11 11	4	19 20	_, that	(we) lost			
pitol TOR for u			sow the eceo above, (1) (we)	sed olve on	11 9	ofter death	19_2	0 , on	d that in my)(our)	opinion o	death occurre	d on the de	ate and ha	ur and from	the couse:	s stoted			
REC hed ept tem		-	226. SIGNATURE	(dia)(pid no)	view in body	differ dediffs.			PEGREE					22c D	ATE SIGN	ED			
the the letocl			m	Wi.	Har.				ATTEN PHYSI	IDING	MEDICAL	STAI	FF IAN 🗍	11	/14/8	30			
LER LE Sto	1		22d. PHYSICIAN'S N	AME (TYPE OR				22e ADDRESS											
retained by the TO FUNERAL should be defined with the State MADORTANT.	1		DU.	chi l	241 0	n			279	Wei	st m	N 8.	1 6	Den	NO.				
5 £ 5 ₹ 3 <b>₹</b> -		23a. B	URIAL, CREMATION	, REMOVAL	23b. DATE		23c N	AME OF C	EMETERY OR CREM	ATORY	23d. LOCA	TION		COUNTY		STATE			
BP			urial		11/17/	/80	Mi	lling	ton Cemet	erv		lingt	on	Mary	land	317116			
DHMH-16 20M			MERAL DIRECTOR	1.5	11.	A ADÓR				25 DATE	REC'D. BY R	EGISTRAR	BINE CIE	TRAR'S OGI					
(VRA 15, 4) 7/7	В	HI	CKS HOME	for FU	NERALS	ELKT		MD.		1191	Z 1 13	OU		2	11				

19



(88)	1 -	FOR STATE REGISTRAR			DEPARTA	AENT OF I	TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	SIENE 8 0	283	2 8
1 0 0	1. DEC	CEASED NAME OR PRINT!	UMC		, C	Son DATE OF	hith	20 DATE OF DEATH MON	20/80	26. HOUR A 1045 M
ge 4 m ector, p rs ofter	3 SE/	Female	ľ	Whi	te	MONT		82	MONTHS DAYS	HOURS MIN.
he funeral dir within 72 hou fied at once	Ha	RTHPLACE (STATE OR FOI DUNTRY) roatt, Eng		CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOW	ED NEVER MARRIED	1 BALTIMORE CITY OR CO	DUNTY OF DEATH	MD.
by the fulled with		Elkton		IF NOT IN SUC	LON HOSPIL	tal	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Dales Lerk	RKING LIFE! INDUSTRY	eral
filled in rauld be must be	USU/ 13a S	TATE	IS COUNT	Υ.,	GIVE RESIDENCE BEFORE	N <sub>1</sub> ,	134. INSIDE CITY LIMITS?	130. STREET ADDRESS	Drive	
mpletely and 2 sh	14 FA	THER'S NAME	MI	DOLE	List	er	15. MOTHER'S MAIDEN NA	WE	Beaumo	unt
te be executivition and capers. Pages 1		/AS DECEASED EVER II ES, NO OR UNKNOWN) NO	N U.S. ARM (IF YES, GIVE W		202-18-		17 INFORMANT Florance Dann	aker West View	arleville, w Shores	, I'd.
quires that the death certification signed by the attending physis from please remave carbon papt to buriol, cremation, ar remaval highry, or other traumatic event, t	NO	Conditions, if any, gove rise to immicause (a), stating underlying cause	which ediote the lost.	DUE TO, O  (b)  DUE TO, O	R AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITIO		IMATE INTERVAL ONSET AND DEATH
N. The law re vysician. Icote has been tonist permit 1 Hygiene prior 18 shows any ii	CERTIFICATION	19a DATE OF OPERAT				OPERATIO	N WAS PERFORMED	YES NO X	LIF YES, WERE FINDIN CERTIFYING CAUSES YES	NGS USED OF DEATH? NO
SICIA ng ph certif inial:t ental	_	216. ACCIDENT WAS UNDE OR CONTRIBUTING	AUSE OF GEATH	P.	M. MONTH DA M.	Y YEAR		RED (ENTER NATURE OF INJURY IN I	EM 18, PART 1 OR PART 2	
DING PHY or ottending After this e os the bu alth and M marked ar	MEDICAL	21d INJURY OCCURRI WHILE NOT WHI AT WORK AT WOR	re 🗆	21e PLACE (AT HOME, STE	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC )	211 LOCATION STREET	CITY OF TOWN	COUNTY	STATE
TTEN pital TOR far us af He		22a.t certify that (1) ( sow the deceased above, (1) (we) (di 22b. SIGNATURE	d olive on	11/19	19	N /	nd that in (my) (aur) apinion DEGREE	death occurred on the date o		
HOSPITAL CARNING BY the hosy FUNERAL DIRECTUID be detached at the Store Dept ORTANT: If hem		22d PHYSICIAN'S NA	P. m	nulve	my mo	9	ATTENDING	MEDICAL STAFF DIRECTOR   PHYSICIAN	111/2	0/80
TO HOSPITAL retoined by to the total to FUNERAL should be det with the Stote IMPORTANT:	22.5	CARL	P.	Mul	reny 1	<u> 10.</u>	2601 Annan	d Dr. Wilming	ton, Del.	
BP	230 6	URIAL, CREMATION, R	EMOVAL	114 DATE -H-21	A-110	- 0	CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	Dela Co.	STATE
DHMH-16 20M (VRA 15, 4) 7/78	24. FL	NERAL DIRECTOR	E PHA	ERALH	OME, MORENA.	Edby	on Ad. 250 DAT	NOV Z FOR 1980	RECOMMAN SYSTEMATI	URA-W



CERTIFICATE OF DEATH

- STATE

REGISTRAR

I. DECEASED NAME

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8

2b. HOUR

REG. NO 20 DATE OF DEATH MONTH

				W. D		
et il ocut occupation			C. Ining	T SHOULD		0.1
Se la Ka	100-				- 1 to (4)	
		militaria (Sala				
	Luc Mant			Parettin		
97-11-1	en amino	Call ving				
		normale of way				

STATE OF MARYLAND

, , , , , . . . and the latest the state of the latest the state of the latest the statest the and the second of the second of the second , -/--

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

8

		REGISTRAR			CERTIF	ICATE OF DEATH		REG. NO.				
1	1. DEC	CEASED NAME FIRST OR PRINT)		MIDDLE		AST	2a DATE OF D		TH DA	Y YEAR	2b. HOUR	
	(	CLARENCE	3	F.		STILWELL	Nove	mber 2	20. 1	1980	10:00 am	
1	3. SE>	4.	RACE		5. DATE (		6. AGE (IN YEAR	S LAST BIRTHDAY		FUNDER I YEAR	IF UNDER 24 HRS	
1		Male	Wh	ite	Jul	0= 1001		36	YRS.	DAYS	HOURS MIN	
1		RTHPLACE (STATE OF FOREIGN 76	CITIZEN OF	WHAT COUNTRY?	8 MARRIE	DE NEVER MARRIED	9. BALTIMORE	CITY OR CO	YTHUC	OF DEATH		
5		Penna.	USA		WIDOW		(eci	L			MD.	
	10 CI	TY OR TOWN OF DEATH		HOSPITAL, NURSING		OR OTHER INSTITUTION	12a. USUAL OC		DKIPIC LIEEZ		F BUSINESS OR	
3	Pe	rry Point		fedical Co			Forge		KKIING LIFE)	Land	ovneSteel	
	USUA	AL RESIDENCE (IF NURSING HOMEOR OF TATE	THER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	1 13d. INSIDE CITY LIMITS?	In. CIDECT AC	DDESS				
5		Id. Harl	- /	Harreley		YES TO NO	13e STREET AG	I-Wayn	Havn	e de 9.	ruce, Md.	
7	14. FA	THER'S NAME	2015			15. MOTHER'S MAIDEN NA	ME				The second	
C		Johnathan "	J.	Stillell		Elizab	eth	WIDDLE	1	Palmer	T	
1	16a W	AS DECEASED EVER IN U.S. ARMI		166 SOCIAL SECUI	RITY NO.	17 INFORMANT		ADDRESS				
2	(1	ES, NO OR UNKNOWN) (IF YES, GIVE W	1919	182-01-0	0144	VAMRecords.	Perrilo.	int, M	d.			
ŀ		18 CAUSE OF DEATH (Enter only	one couse per	line for (a), (b), and	d (c).)					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
		PARTI. DEATH WAS CAUSED BY:    MMEDIATE CAUSE   0   Cardiac arrest										
		11111A								100		
7		Conditions, if any, which	DUE TO, O	Arterios		otic heart di	sease. (	ardia	c far	lure		
		Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF										
		underlying couse lost.										
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN									91	
	NO											
	CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		, WERE FINDINGS USED YING CAUSES OF DEATH?				
2	TIFIC		100				YES 🗆 1	10 X	YES		NO [	
5	CER	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF IN.							TEM 18, PAR	RT 1 OR PART 2]		
7		OR CONTRIBUTING CAUSE OF DEATH  {IF EITHER, NOTIFY MEDICAL EXAMINER}		M. MONTH DA	MONTH DAY YEAR							
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE	OF INJURY		21f. LOCATION STREET		ITY OR TOWN		COUNTY		
-	X	WHILE NOT WHILE AT WORK	(AT HOME, STI	REET, FACTORY, OFFICE, FA	ARM, ETC.]	SIREET		IIT OK IOWN		COUNTY	STATE	
	4	22a Legify that (I) (this hospital) attended the deceased from October 30 180 to November 20 10									KERYXXXXX	
	The state of the s									and from the	couses stated	
		27b. SIGNATURE DEGREE								22c. DATE	22c. DATE SIGNED	
		ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN								11	-20-80	
		22d. PHYSICIAN'S NAME (TYPE OR PI	RINT]			22e. ADDRESS	_ J MECTON C	7111010111		1	20 00	
		ABDUAL M. K. KARIM, M.D. VAMC, Perry Point, Md.										
		ARDUAL M. K	KAKIM	M.D.		VAMC. Per	ry Point	t, Md.				
-	23a. B				IAME OF C	VAMC, Per	ry Point				THE RES	
	23a. B		NOV. 24	23c. N			23d. LOCATI		n menus	COUNTY	SIATE NO.	

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.



Feverage 20, 1980 10:00	11411	r ∓ a	ריק בירה דיי
	\		
			i de la compa
Various de 10°	nter	on Epother Air	dito" vers
	Ry or or other		
	Con Wall		of med land
	444	method to the	
	in out t	23. <sup>83</sup> 757	
erolina cordina como	elerotic beart dis	Arterios	
eritte failte lasso	elerotic heart di	Arterios	
erilini enihan .esso	olerotic heart di	Arterios	
	olerotic heart of	Arterios	
	reaction attacks	Arterios	
	oleratic heart of		
	otoher 30 80		

Priliana Inderel Pore entitéen Defenera Porque.

/   Se	eror Item 18-2					2	) ;	2 8	8	3	2
	REGISTRAR		MEDICAL EXAM		RTIFICATEO		REG. NO				
	ECEASED NAME (PE OR PRINT)	FIRST	WIDDLE	LAS	Т		KNOWNXX	MONTH	DAY	YEAR 2	b. HOUR
2		ennis	John		nsel		MATED	10		80	М
3. SE	X 4 RACE	5. DATE OF B	DAY YEAR LAST E	(IN YEARS IF UNDE	R 1 YR. IF UNDER	MIN. PRONO	JNCED	MONTH	DAY		2d. HOUR 7:30
	Male Whit	- 0	25, 1941 39	YRS.		DE		10	27 19	801	7 . JU
70 E	BIRTHPLACE (STATE OR OREIGN COUNTRY)	76. CITIZEN C	OF WHAT COUNTRY?	8. MARRIED	NEVER MARRI	ED 9. BALT	MORE CITY O	RCOUNT	Y OF DEA	ATH	
	Penna.	u	1.J.A.	WIDOWED			cil Cou	nty,	101 4/1015	05.0116	MD
10. C	ITY OR TOWN OF DEATH	(IF NOT IN S	F HOSPITAL, NURSING F UCH FACILITY, GIVE STREET ADD	RESS)	INSTITUTION	Prusic	UPATION (TYPE	OF WORK	12b. KIND	DUSTRY	
	Port Deposit	1623	Tome Highw	ay		1 hysic	ist		john	lopk	insur
13a.		COUNTY	13c CITY OR TON	WN 136	H. INSIDE CITY LIMITS	130. STREET ADD	ome Hig	hway			
14. F	ATHER'S NAME	ANDONE			MOTHER'S MAIDE	N NAME	MIDDLE		IAS	Ţ	
	Edward	ADDRESS ADDRESS	ik Ven	rsel	Joseph	hine			Ste	inke	1
160.	WAS DECEASED EVER IN YES, NO, OR UNKNOWN) (IF	U.S. ARMED FORCES?	188. SOCIAL SEC		INFORMANT		ADDRESS		1111	1/1	
	no		186-32-	2520	Roseann t	. Vensel	Port	Depo.	sit	ar	ylane
	18 CAUSE OF DEATH (	Enter only one couse p	er line far (a), (b), and (c)	).)					APPRO	OXIMATE IN	NTERVAL AND DEATH
	PART I DEATH WAS	CAUSED BY: AMEDIATE CAUSE (a)_	Gunshot w	ound of	nead						
	7507		O, OR AS A CONSEQUE	NCE OF							
	Canditions, if any gave rise to im										
	cause (a) stating the lying cause last.	e under- DUE TO	O, OR AS A CONSEQUE	NCE OF					100		
		(c)_									
Z	PART 2 OTHER SIGNIFICANT CO	NOITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO TH	E TERMINAL OISEASE ON	CONDITION GIVEN IN PA	RT 1 (a).					
ATIO	19a DATE OF OPERATIO	ON 19b. Co	ONDITION FOR WHICH	OPERATION WAS	PERFORMED?				20. AUT	OPSY?	
FIC									YES	<b>T</b>	NO 🗆
CERTIFICATION	210 EXTERNAL CAUSE		ME OF INJURY		/ INJURY OCCURRE	D (ENTER NATURE OF	INJURY IN ITEM 18 P	ART 1 OR PAR		<b>X</b>	
ALC	UNDERLYING OR CONTRIBUTING CAL	USE OF DEATH 5 0	and the state of t	980 Se	lf inflic	ted					
MEDICAL	21d. INJURY OCCURRED	21a DI	ACE OF INITIDY AND	ME, 21f. LOCA	TION						
X	WHILE AT WORK AT WORK	HILE STREET	et, FACTORY, FARM, ETC.) HOTTLE	162	3 Tome Hw	y, Port	Deposit	. Ce	cil.	Md.	STATE
			ns described above, held	an Autapsy	X, Inspectio			d in my ap		1	
	death resulted from:	Natural causes	Aradent A	Sylicide X	Hamicide ,	Undetermined		и пту ар	magn		
	deam resolled fram:	Training causes	(1)	Sarcide (A)	TITLE (SPECIFY)	Ondetermined	monner,				
	ACTUAL SIGNATURE	Mondo	IX) The	MA.	Deptity Ch	1 effence ev	MINER	DATE	0 10	/21/	/80
		V 10 VI 00	7011	M.D.	carried (11)	MEDICAL EX	WYIN YER	SIGNE		<del>//</del>	
	(TYPE OR PRINT)	Thomas D.	Smith, M.D	AD	DRESS 111	Penn St.	Balt	o., M	D		7
23a.	BURIAL, CREMATION, REM		23c. NAME O	F CEMETERY OR C	REMATORY	23d. LOCATION		COUN		STAT	TE
	Byriah 21	1 Oct. 24	4,1980 West	. Notting	ham Cem.	Colora	· Ceci	1. M	anul	incl	
N.	a CASI	200	nomess		250. DATE	REC'D. BY REGIST	AR 250 REGIS	STRAR'S S	IGNATUR	E	
	ee AV VALLO	MADE OF O	n. Perruvil	Le Marule	and UU	T 2 8 198	gus.	gray/	xola	1	

with the color of the color, color, city retail and the configuration of the c

		STATE OF MARYLAND	0 0 0 0 0
1	FOR - STATE	DEPARTMENT OF HEALTH AND MENTAL HYG	SIENE B U 2 8 8 3 3
1.	REGISTRAR	CERTIFICATE OF DEATH	REG. NO. 78010
	ECEASED NAME FIRST	MIDDLE LAST	20. DATE OF DEATH MONTH DAY YEAR 26 HOUR
1,,,	Marie	Catherine Wensink	11-3-80 430 A.M
3 S		4 RACE 5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
1	-emale	Caucasian 4-25-95	YRS. MONTHS DAYS HOURS MIN
7a.	BIRTHPLACE (STATE OR FOREIGN	76 CITI7EN OF WHAT COUNTRY? 8	9 BALTIMORE CITY OR COUNTY OF DEATH
17	ittsburg. PA	MARRIED NEVER MARRIED WIDOWED DIVORCED	ceail county, MD.
10.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	12a USUAL OCCUPATION 12b KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
K	ising Sun	calvert manor	Housewife
USI 130	JAL RESIDENCE (IF NURSING HOME C STATE 136 COL	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  JNTY	13e. STREET ADDRESS
1	11/4	ecil Rising Sun YES NOX	North Hills
14.1	ATHER'S NAME	MIDDLE LAST 15 MOTHER'S MAIDEN NA	ME MIDDLE LAST
4	7 bert	Siskey Minnie	Gruber
160		N/E M/AB OB DATES)	ADDRESS
	no	292-12-2378 Edwin E. Sny	der, Rising Jun, Martiland, 21911
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse per line for (a), (b), and (c)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		ATE CAUSE (0) Hy Devension ICV D	c Theat Tailing Timned
1	14292	DUE TO, OR AS A CONSEQUENCE OF	00 1 0 000 0 1/1
	Conditions, if only, which	( 16) Alul (150 D +	Child ACV 79
	couse (a), stating the underlying couse last	DUE TO, OR AS A CONSTQUENCE OF	7
		(c) + Old Millio Ma	
Z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVEN IN PART 1(0)
┨┋	19a DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED
CERTIFICATION	THE DATE OF OFERATION	175. CONDITION WHICH OF ENAMED	IN CERTIFYING CAUSES OF DEATH?
<b>H E</b>	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY 21c. HOW INJURY OCCURE	YES NO YES NO RED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
CALC	OR CONTRIBUTING CAUSE OF D	HOUR A.M. MONTH DAY YEAR	
DIC	(IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	21e PLACE OF INJURY 21f. LOCATION	
MEDI	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  STREET	CITY OR TOWN COUNTY STATE
	22a.1 certify that (I) (this has	pital) attended the deceased from \$ 2478, 19	
	sow the deceased alive a	on 10 30 80 19 ond that in (my) (our) apinion	death occurred on the date and hour and from the causes stated
	22b. SIGNATURE	not) view the body after death.  DEGREE	22c. DATE SIGNED
	1 100	ATTENDING PHYSICIAN I	MEDICAL STAFF DIRECTOR PHYSICIAN
	22d. PHYSICIAN'S NAME (TYPE		G DIRECTOR THISICIAN
	1000	150 KALLING MID WAR!	water had
230	BURIAL, CREMATION, REMOVA		23 LOCATION
	(SPECIFY) Removal	Nov. 6, 1980 St. Mary's Cemeter	ELUNION COUNTY Obio
24.	CLINICOAL DIDECTOR	1260 045	É REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
K	oss Patterno	n & Son Fundent H. one md. MAY	c 1980 Retar Scale

oi en insient de l'annier de l 

~		FOR STATE REGISTRAR		MEDICAL EXAM	STATE OF MARYLAND OF HEALTH AND MENTAL F MINER'S CERTIFICATE C		2 8 8 NO.	3 4
(M)		CEASED NAM	Ronnie	D.	Wesley	20. DATE KNOWN OF ESTI- DEATH MATED		YEAR 2b. HOUR
PRY PLEA DOUBLE	3. SEX	ale		MONTH DAY YEAR LAST	(IN YEARS IF UNDER 1 YR. IF UNDER BIRTHDAY) MONTHS DAYS HOURS	24 HRS. 2c. DATE MIN PRONOUNCED DEAD	11 14	YEAR ZA HOUR
POR Y PREST	70. B	RTHPLACE (S	aryland 71	U. S.A.	8. MARRIED NEVER MARR WIDOWED DIVORC		County OF	<b>DEATH</b> MD
ID. 21201  I. IF ANY DELAY IS NEE  2, AND 3 TO THE FUN  3. RETAIN PAGE 5 F  2 SHOULD BE FILED  AL RECORDS, 201 WF		TY OR TOWN			of Cecil County	120. USUAL OCCUPATION (T	TYPE OF WORK 12b. KI	IND OF BUSINESS OR INDUSTRY Staumant
21201 AND 31 RETAIN HOULD HOULD	13a. S	TATE A.	(IF IN NURSING HOME OR O	ecil 13c. CITY 09 TO	DMISSION) WN 13d. INSIDE CITY LIMITS? YES NO	130. STREET ADTRESSEGNO	aph Road	
TAPAT I	14. F.	ATHER'S NAMI	И	lodieley, In. LAST	15. MOTHER'S MAID! Elizabeth	Barbara MIDDLE P	rigg	LAST
OURS AFTER DE 18. GIVE PAGE 5. WITH FORM AIT. PAGES I AI E, DIVISION OF		VAS DECEASE ES, NO, OR UNKNO NO	D EVER IN U.S. ARME (IF YES, GIVE WAI			ADDRES	Colore	, //d.
L RECORDS, 201 W. PRESTON ST JUD BE EXECUTED WITHIN 24 HOW "PENDING" IN PENCIL IN ITEM II F. MEDICAL EXAMINER ALONG ED AS A BURIAL - TRANSIT PERMI HEALTH AND MENTAL HYGIENE, LL, CREMATION, OR REMOVAL.	No	gove ri cause (o lying co		(b) DUE TO, OR AS A CONSEQUE (c) ITRIBUTING TO DEATH BUT NOT RELATED TO THE	NCE OF IE TERMINAL DISEASE OR CONDITION GIVEN IN PA	RT 1 (a),		
OF VITAL RECORDS, ATE SHOULD BE EXEC REWORD "FENDING" THE CHIEF MEDICAL ILD BE USED AS A BUT MENT OF HEALTH AN TO BURIAL, CREMATI	CERTIFICATION	19a. DATE OI	OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED?			AUTOPSY? YES 🖾 NO 🗌
S CERTIFICATE S RITING THE WO RDED TO THE SE 3 SHOULD BE TO DEPARTMENT	MEDICAL CERT	UNDERLYING CONTRIBUTI	NG CAUSE OF DEA	216. TIME OF INJURY HOUR A.M. MONTH DAY 2:14 KK 11 14  216. PLACE OF INJURY STREET, FACTORY, FARM, ETC.)	YEAR 19 80 driver in aut	D LENTER NATURE OF INJURY IN THEM  CO/fixed object  north of Elktor	t impact	
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTE THE CERTIFICATE. WRITING THE WORD."PEND PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MED TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS. AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALT BEALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CRE.			fy that I took charge a ed from: Notural	of the remains described above, held	on Autopsy XX. Inspection Suicide , Homicide , TITLE (SPECIFY) M.D. ASSISTAN		ond in my opinion	11-14-80
BP PAGE	23a.B		TION, REMOVAL 23b.	DATE 234. NAME C	of CEMETERY OR CREMATORY	123d. LOCATION CHYPRTOWN Leton	COUNTY	1 STATE
DHMH - 17 (VR A15 ME (5))	24. F	UNERAL DIFF	58 FUI	EALADORESSIE, P.A.	250. DATE	REC'D. BY REGISTRAR 235. REG	GISTRAR'S SIGNAT	TURE

Trys. mare it ..... profession for more alleged ercon cless languages in the contract of The state of the s Harrist . hite

DECEASED NAME 1985 Walter Emerson Wiley  1. SEX  1. SE			1	FOR STATE REGISTRAR	DEP	ARTMENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	GIENE 8 Q	288	3 3 5
WALTER Emerson Willey  RACE    S.DATE OF BIRTH   AGOING   MINEY   AGOING BARRING   MINEY   AGOING BARRING BARRING   MINEY   AGOING BARRING BARRIN	1			00.000.00			AST	20. DATE OF DEATH	MONTH DAY YE	AR 2b. HOUR
THE CONTROL OF THE PART OF THE	( AA)		(111)	Wal	ter Emerson Wil	ley		Novembe	r 4, 1980	2:30P A
THE BRITPHACE JISTARD RYDRED AND THE SHARPED A			3. SE	X	4 RACE			& AGE (IN YEARS LAST BIRT		
The control of the co	oge 4	MA	1	Male	White	No	v. 1 1913		YRS.	
DSUAL RESIDENCE (# NURSING HAIF OF OPERATION OF READERS SECTION ADMISSION OF THE PART OF THE RESIDENCE (# NURSING HAIF OF OPERATION OF READERS SECTION ADMISSION OF THE PART OF THE RESIDENCE OF THE PART OF THE P	death. Po	Seg.	7a. B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	MARRIE	•	9 BALTIMORE CITY O	R COUNTY OF DEAT	r <b>H</b>
SAME SIGNATE IN MIRROR ISSUE OF CONTRIBUTION OF RESOURCE OF MILES ADMISSION   136 STATE	fter of the fu	De d	100	TY OR TOWN OF DEATH			OR OTHER INSTITUTION			ND OF BUSINESS OR
THE PROPERTY OF THE STAND PROPERTY OF THE ST	by Elle	e <	16	rryville	WAMIC TE	rry To	PINT	Treasure	er for	znK
Test	filled in	3	130.	STATE 186. COL					Buren	Street
18 CAUSE OF POEATH Enter only one course per line for (o), (b), and (c)   PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o)   Hyperosmolar coma   PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o)   Hyperosmolar coma   PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o)   Hyperosmolar coma   PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o)   Hyperosmolar coma   DUE TO, OR AS A CONSEQUENCE OF   Conditions, if ony, which gove rise to immediate course (o): stoting the underlying course lost.   Conditions of immediate course (o): stoting the underlying course lost.   Conditions of immediate course (o): stoting the underlying course lost.   Conditions of immediate course (o): stoting the underlying course lost.   Conditions of immediate course (o): stoting the underlying course lost.   Conditions of immediate course (o): stoting the underlying course lost.   Conditions of immediate course (o): stoting the underlying course lost.   Conditions of immediate course (o): stoting the underlying course lost.   Conditions of immediate course (o): stoting the underlying course lost.   Conditions of immediate course (o): stoting the underlying course lost.   Conditions of immediate course (o): stoting the underlying course lost.   Conditions of immediate course (o): stoting the underlying course lost.   Conditions of immediate course (o): stoting the underlying course lost.   Conditions of immediate course (o): stoting the underlying course lost.   Conditions of immediate course (o): stoting the underlying course lost.   Conditions of immediate course (o): stoting the underlying course lost.   Conditions of immediate course (o): stoting the underlying course lost.   Conditions of immediate course (o): stoting the underlying course lost.   Conditions of immediate course (o): stoting the underlying course lost.   Conditions of immediate course (o): stoting the underlying course lost.   Conditions of immediate course (o): stoting the underlying course lost.   Conditions of immediate course (o): stoting the underlying course lost.	2 4 5	Xomine	0	FIRST	- 111	01	15. MOTHER'S MAIDEN NA	ME MIDDLE	1.0	rkin
The state of the s	÷ 0	dicol	16a. \	VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL		17 INFORMANT	ADDRE	S Same	as
PART I DEATH WAS CAUSE OF IMMEDIATE CAUSE IO) Hyperosmolar coma  Due to, or as a consequence of  (b) Diabetes mellitus  Due to, or as a consequence of  (c) Chronic organic brain syndrome  PART 2. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED  PART 3. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED  PART 2. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED  PART 3. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED  PART 3. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED  PART 3. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED  PART 3. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED  PART 3. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10:  PART 3. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10:  PART 3. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10:  PART 3. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10:  PART 3. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10:  PART 3. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTIO					1 214	05 0816	Evelyn T.	Wiley	# 130	and Suite Line
DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate couse [ol., storing the underlying couse [ols.]  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110-1  189. DATE OF OPERATION 199. CONDITION FOR WHICH OPERATION WAS PERFORMED 100, and a UTOPSY?  189. DATE OF OPERATION 199. CONDITION FOR WHICH OPERATION WAS PERFORMED 100, and a UTOPSY?  189. DATE OF OPERATION 199. CONDITION FOR WHICH OPERATION WAS PERFORMED 100, and a UTOPSY?  189. DATE OF OPERATION 199. CONDITION FOR WHICH OPERATION WAS PERFORMED 100, and a UTOPSY?  189. DATE OF OPERATION 199. CONDITION FOR WHICH OPERATION WAS PERFORMED 100, and a UTOPSY?  189. DATE OF OPERATION 199. CONDITION FOR WHICH OPERATION WAS PERFORMED 100, and a UTOPSY?  189. DATE OF OPERATION 199. CONDITION FOR WHICH OPERATION WAS PERFORMED 100, and a UTOPSY?  189. DATE OF OPERATION 199. CONDITION FOR WHICH OPERATION WAS PERFORMED 100, and a UTOPSY?  189. DATE OF OPERATION 199. CONDITION FOR WHICH OPERATION WAS PERFORMED 100, and a UTOPSY?  189. DATE OF OPERATION 199. CONDITION FOR WHICH OPERATION WAS PERFORMED 100, and a UTOPSY?  189. DATE OF OPERATION 199. CONDITION FOR WHICH OPERATION WAS PERFORMED 100, and a UTOPSY?  189. DATE OF OPERATION 199. CONDITION FOR WHICH OPERATION WAS PERFORMED 100, and a UTOPSY?  189. DATE OF OPERATION 199. CONDITION FOR WHICH OPERATION WAS PERFORMED 100, and a UTOPSY?  189. DATE OF OPERATION 199. CONDITION FOR WHICH OPERATION WAS PERFORMED 100, and a UTOPSY?  189. DATE OF OPERATION 199. CONDITION FOR WHICH OPERATION WAS PERFORMED 100, and a UTOPSY?  189. DATE OF OPERATION 199. CONDITION FOR WHICH OPERATION WAS PERFORMED 100, and a UTOPSY?  189. DATE OF OPERATION 199. CONDITION FOR WHICH OPERATION WAS PERFORMED 100, and a UTOPSY?  189. DATE OF OPERATION 199. CONDITION FOR WHICH OPERATION WAS PERFORMED 100, and a UTOPSY?  189. DATE OF OPERATION 199. CONDITION FOR WHICH OPERATION WAS PERFORMED 100, and a UTOPSY?  189. DATE OF OPERATION 199. CONDITI	ficote physicie poper novol.	ent, the		PART I. DEATH WAS CAUS	SED BY.		0m2		BETW	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)  190 DATE OF OPERATION  190 D				2 4 0 0 MMEDIA			Ollia		The National Property of the Parket	
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)  190 DATE OF OPERATION  190 D	ttend trend ve co	omo		Conditions, if one, which			tus		1000	
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)  190 DATE OF OPERATION  190 D	he d emo	r tro		gove rise to immediate			000			
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/0 1 1/0 1/0 1/0 1/0 1/0 1/0 1/0 1/0 1	by t by t ose r I, cre	othe					c brain syndr	ome	- 10 2 000	
OR CONTRIBUTION:  OR CONTRIBUT	11. 12. 12. 13. 13. 13. 13. 13. 13. 13. 13. 13. 13	-	N	PART 2. OTHER SIGNIFICANT		63	· ·		DITION GIVEN IN PAR	RT 1(o)
OR CONTRIBUTION:  OR CONTRIBUT	been mit. T	ony ir	TATIC	19a DATE OF OPERATION	196 CONDITION FOR WE	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?		
OR CONTRIBUTION:  OR CONTRIBUT	he le hos hos ene	Swo of	TEX	With Asset 12 for				YES NO		NO [
White Arwork Arw	physics physics rtificate of-tronsi	8 4		OR CONTRIBUTING CAUSE OF D	EATH HOUR A.M. MONTH		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART 1 OR PAR	rT 2)
sow the deceosed olive on 11-4-19 80 ond that in the local part of the date and hour and from the cool obove Xt (we) (did) to the part of the date and hour and from the cool obove Xt (we) (did) to the part of the date and hour and from the cool obove Xt (we) (did) to the part of the date and hour and from the cool obove Xt (we) (did) to the part of the date and hour and from the cool obove Xt (we) (did) to the part of the date and hour and from the cool obove Xt (we) (did) to the part of the date and hour and from the cool obove Xt (we) (did) to the part of the date and hour and from the cool obove Xt (we) (did) to the part of the date and hour and from the cool obove Xt (we) (did) to the part of the date and hour and from the cool obove Xt (we) (did) to the part of the date and hour and from the cool obove Xt (we) (did) to the part of the date and hour and from the cool obove Xt (we) (did) to the part of the date and hour and from the cool obove Xt (we) (did) to the part of the date and hour and from the cool obove Xt (we) (did) to the part of the date and hour and from the cool obove Xt (we) (did) to the part of the date and hour and from the cool obove Xt (we) (did) to the part of the date and hour and from the cool obove Xt (we) (did) to the part of the date and hour and from the cool obove Xt (we) (did) to the part of the date and hour and from the date and hour		ked or Ite	MEDIC	21d. INJURY OCCURRED  WHILE NOT WHILE	21e. PLACE OF INJURY		21f LOCATION STREET	CITY OR TOV	YN COUNTY	Y STATE
226. DATE SIGNATURE  226. ADDRESS  227. DATE SIGNATURE  228. ADDRESS  228. ADDRESS  228. ADDRESS  228. ADDRESS	NDIN ol or use o Heolith	is mo			77 /	00		and and a		
ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 1224. ADDRESS 224. ADDRESS 224. ADDRESS 226. ADDRESS	4 % O D -	n 21		obove, xt) (we) (did) total	of view the body ofter death.			death occurred on the de		
PHYSICIAN DIRECTOR PHYSICIAN 1226. PHYSICIAN S NAME (TYPE OR PRINT)  226. ADDRESS  POY CHIE CITATION AND THE CONTRIBUTION AND THE CONTR	0 0 0 0 0	t Her		22b. SIGNATURE	1 11			MEDICAL STAL	FF .	
226. PHYSICIAN'S NAME (TYPE ORPRINT)  226. ADDRESS  ROY CHESTNITE M. D.  YAMC Dorong Parket	v	4.0		Royle C	lesmalile.	1717.	PHYSICIAN [			1-4-80
	OSP ed b une	RTA								
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	TO HOSI retoined TO FUN should b	¥ -							ryland	
BP 1336, BURIAL, CREMATION, REMOVAL 1336, DATE 1336, NAME OF CEMETERY OR CREMATORY 1336, LOCATION COUNTY COUNTY ADDICATION AND ADDICATION OF THE PROPERTY AD			230.	SRECIFY)	Nov. 11580	St. An	no's Compte	A POR CON	I'S AA	STATE
DHMH-16-50M7/77 (VRA 15-(4))  24. FUNERAL DIRECTOR (VRA 15-(4))  TAYLOR FUNERAL CHAPEL Appendix Md 21400 NOV 6 1980		7	24. F	14448	VERAL CHAPEL ADJECT	57 Duke	of Gloucesten	OV 6 1000	25b. REGISTRAR'S SIG	NATURE

